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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 13 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22651

Corporation Name
CHILD CONCERN OF THE AMERICAS, INC.

Principal Place of Business	Mailing Address
[redacted]	P.O. BOX 25212 TAMARAC FL 33320 US

1. Principal Place of Business
21 2849 N.E. 26th St
22 Suite, Apt. #, etc.
23 Ft Lauderdale FL
24 Zip 33305 25 County USA

2. Mailing Address
26 P.O. Box 25212
27 Suite, Apt. #, etc.
28 Tamarac, FL
29 Zip 33320 30 County USA

3. Date Incorporated or Qualified
09/23/1987

4. FEI Number
65-0234109
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☑ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LAMBERT LEE
2849 NE 26TH ST
FT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LAMBERT, LEE	
STREET ADDRESS	2849 NE 26TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	☐ DELETE
NAME	KLEMAN, MARK	
STREET ADDRESS	4511 N HIMES AVE SUITE 210	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	☐ DELETE
NAME	TAYS, VICKI LYNN	
STREET ADDRESS	65 SECRET HOLLOW RD	6581 Winding Lake Dr
CITY-ST-ZIP	HOWE GE	Jupiter, FL 33458
TITLE	SD	☐ DELETE
NAME	CATLIN LAMBERT	
STREET ADDRESS	91 CHARLESTON HWY	
CITY-ST-ZIP	YEMASSEE, SC 29945	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	SD	☐ Change ☐ Addition
13.2 NAME	CATLIN LAMBERT	
13.3 STREET ADDRESS	91 CHARLESTON HWY	
13.4 CITY-ST-ZIP	YEMASSEE, SC 29945	
13.1 TITLE		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
13.1 TITLE	VD TAYS, VICKI LYNN	☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS	6581 WINDING LAKE DR.	
13.4 CITY-ST-ZIP	JUPITER, FL 33458	
13.1 TITLE		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
13.1 TITLE		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
13.1 TITLE		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/27/99 800-414-8003
SIGNATURE AND TYPED OR PRINTED NAME OF INCUMBENT OFFICER OR DIRECTOR — Date — Daytime Phone #