

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27281** (7)

1. Corporation Name

SOS CHILDREN'S VILLAGE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**3681 NW 59TH PLACE
COCONUT CREEK FL 33073**

**3681 NW 59TH PLACE
COCONUT CREEK FL 33073**

3. Date Incorporated or Qualified

07/06/1988

4. FEI Number

65-0080301

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARGROVE, MARY CHERYL
20 TAM O SHANTER LN.
FT. LAUDERDALE FL 33308**

81 Name
Sheila Rose

82 Street Address (P.O. Box Number is Not Acceptable)
6500 N. Andrews Avenue

83

84 City
Ft. Lauderdale,

FL

85 Zip Code
33309

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sheila Rose, President

2/18/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HARGROVE, MARY CHERYL**
STREET ADDRESS **20 TAM O SHANTER LN**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Sheila Rose**
1.3 STREET ADDRESS **6500 North Andrews Avenue**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE **D** ☒ DELETE
NAME **ALEXANDER, THOMAS W**
STREET ADDRESS **P O BOX 5367 NA**
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Larry Kashdin**
2.3 STREET ADDRESS **1935 NW 124th Avenue**
2.4 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **D** ☐ DELETE
NAME **WENGER, LINDA**
STREET ADDRESS **4723 NE 17TH TERRANCE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MORIARTY, ESTELLA**
STREET ADDRESS **2632 NE 35H ST**
CITY-ST-ZIP **FT. LAUDERDALE FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Shari Olefson**
4.3 STREET ADDRESS **15 SE 9th Avenue**
4.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **D** ☐ DELETE
NAME **ELLIS, ARTHUR C**
STREET ADDRESS **3600 NW 59TH PL**
CITY-ST-ZIP **COCONUT CREEK FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:  **SECRETARY** **2/18/98**

CR2E037 (10/97)