

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90245 025 ****70.00

0027201

DOCUMENT # N27281

1. Corporation Name

SOS CHILDREN'S VILLAGE OF FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/06/1988

4. FEI Number

65-0080301

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

**ROSE, SHEILA
6500 N ANDREWS AVE
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

Linda Wenger

82 Street Address (P.O. Box Number is Not Acceptable)

4723 NE 17th Terrace

83

84 City

Ft. Lauderdale

FL

85 Zip Code
33334

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 *Linda Wenger*

Linda Wenger, President

2/19/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ROSE, SHEILA**
STREET ADDRESS **6500 N ANDREWS AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **KASHDIN, LARRY**
STREET ADDRESS **1934 NW 124 TH AVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

NAME **WENGER, LINDA**
STREET ADDRESS **4723 NE 17TH TERRANCE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ DELETE

NAME **OLEFSON, SHARI**
STREET ADDRESS **15 SE 9TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Kashdin, Laurence

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☒ Addition

Fredric Newman

555 S. Federal Hwy #350

Boca Raton, FL 33432-4924

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

Kathy Pellegrino

200 East Las Olas Blvd.

Ft. Lauderdale, FL 33301

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: *Linda Wenger* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Wenger, President 2/19/99

Date

Daytime Phone #

CR2E037 (11/98)