FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 23 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30312 (5)

1. Corporation Name
CHILDRENS' CHRISTMAS FUND, INC.

Principal Place of Business	Mailing Address
8266 NW 42 ST CORAL SPRINGS FL 33065	8266 NW 42 ST CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1989
3a. Date of Last Report: 02/21/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

	2. Principal Place of Business	2a. Mailing Address
21/26	8266 NW 42 ST.	SAME AS #2
22/27	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23/28	City & State: CORAL SPRINGS FL	City & State: N/A
24/29	Zip: 33065	Zip: N/A
25/30	Country: USA	Country: N/A

9. Name and Address of Current Registered Agent

RAWLS, HAROLD
8266 NW 42ST
CORAL SPRINGS FL 33065

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	SOFOUL, STACEY	1.2 NAME	
STREET ADDRESS	951 SW 98TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	RAWLS, HAROLD	2.2 NAME	
STREET ADDRESS	8266 NW 42ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, KEVIN	3.2 NAME	
STREET ADDRESS	3452 NW 47TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	DONATO, THOMAS,	4.2 NAME	
STREET ADDRESS	8975 SPRINGS LAKES	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33312	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	SD. ☒ Change ☐ Addition
NAME	HEAD, ARTHUR,	5.2 NAME	ARTHUR ALEXANDER
STREET ADDRESS	3174 NW 122 TERR.	5.3 STREET ADDRESS	3171 NW 122 TERR.
CITY-ST-ZIP	SUNRISE FL 33323	5.4 CITY-ST-ZIP	SUNRISE FL. 33322
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	MASCHI, WAYNE,	6.2 NAME	
STREET ADDRESS	936 NE 30 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33334	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ MAS. 2/20/95 305-315-1410
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040102