

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N30312 (5)

1. Corporation Name

CHILDRENS' CHRISTMAS FUND, INC.

Principal Place of Business

Mailing Address

8266 NW 42ND ST  
CORAL SPRINGS FL 33065  
US

8266 NW 42 ST  
CORAL SPRINGS FL 33065



3. Date Incorporated or Qualified  
01/24/1989

3a. Date of Last Report  
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 8266 NW 42 ST.

26 8266 NW 42 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Coral Springs FL

28 Coral

Zip

Country

Zip

Country

24 33065

25 USA

29 33065

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAWLS, HAROLD  
8266 NW 42ST  
CORAL SPRINGS FL 33065

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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 VD ☐ DELETE

NAME SOFOUL, STACEY  
STREET ADDRESS 951 SW 98TH TERR.  
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME RAWLS, HAROLD  
STREET ADDRESS 8266 NW 42ND ST.  
CITY-ST-ZIP CORAL SPRINGS FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME CLARK, KEVIN  
STREET ADDRESS 3452 NW 47TH AVE.  
CITY-ST-ZIP COCONUT CREEK FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME DONATO, THOMAS,  
STREET ADDRESS 8975 SPRINGS LAKES  
CITY-ST-ZIP SUNRISE FL 33312

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME ALEXANDER, ARTHUR  
STREET ADDRESS 3171 NW 122ND TERR  
CITY-ST-ZIP SUNRISE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME MASCHI, WAYNE,  
STREET ADDRESS 936 NE 30 ST.  
CITY-ST-ZIP WILTON MANORS FL 33334

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)