

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34043

1. Entity Name

CRIPPLED CHILDREN'S GUILD OF BROWARD COUNTY, INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90059 013 ****70.00

Principal Place of Business 4704 NE 23RD AVE FT LAUDERDALE FL 33308 US	Mailing Address 4704 NE 23RD AVE FT LAUDERDALE FL 33308-4721 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0143752	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEINHOLTZ EDITH K PRES 4704 NE 23RD AVE FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE <i>Edith K. Meinholtz</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>April 22, 2000</i> (NOTE: Registered Agent signature required when reinstating)
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MENGENS, ANN 3050 NE 48TH ST APT 304 FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WENK, ANNA 1942 NE 6TH CT E 202 FT LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN SOOY, LOUISE 3490 NE 28TH AVE FT LAUDERDALE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEINHOLTZ, EDITH 4704 NE 23RD AVE FT LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR MENGENS, ANN 630 S.W. 6TH ST. S6V70 POMERO BEACH, FLORIDA 33060 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DIRECTOR FLORI BROWER 1942 N.E. 6TH CT. Apt. 101 FORT LAUDERDALE, FLORIDA 33304 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Edith K. Meinholtz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	EDITH K. MEINHOLTZ 954-351-9991 Date <i>4-22-00</i> Daytime Phone #
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CR2E037 (9/99)