

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90056 029 ****61.25

DOCUMENT # N34043

1. Entity Name

CRIPPLED CHILDREN'S GUILD OF BROWARD COUNTY, INC.



Principal Place of Business

**4704 NE 23RD AVE
FT LAUDERDALE FL 33308
US**

Mailing Address

**4704 NE 23RD AVE
FT LAUDERDALE FL 33308
US**

02012014



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0143752

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEINHOLTZ EDITH K PRES
4704 NE 23RD AVE
FT LAUDERDALE FL 33308**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **MENGES, ANN**
STREET ADDRESS **630 S.W 6TH ST SGV70**
CITY-ST-ZIP **POMPAHO BEACH FL 33060**

TITLE **DV** ☐ Delete
NAME **EUBANK, PAT**
STREET ADDRESS **3311 NE 14TH CT.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **DP** ☐ Delete
NAME **MEINHOLTZ, EDITH**
STREET ADDRESS **4704 NE 23RD AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **SD** ☐ Delete
NAME **KUHL, VIRGINIA**
STREET ADDRESS **630 SW 6TH ST SGV 59**
CITY-ST-ZIP **POMPAHO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
NAME **MENGES, ANN**
STREET ADDRESS **544 VILLAGE DRIVE**
CITY-ST-ZIP **POMPAHO BEACH, FL. 33060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME **KUHL, VIRGINIA**
STREET ADDRESS **568 VILLAGE DRIVE**
CITY-ST-ZIP **POMPAHO BEACH, FL. 33060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edith K. Meinholtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDITH K. MEINHOLTZ 2-2-04 954-351-9791

Date

Daytime Phone #