


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

06-07-2005 90002 031 \*\*\*\*61.25

DOCUMENT # N34043			
1. Entity Name CRIPPLED CHILDREN'S GUILD OF BROWARD COUNTY, INC.			
Principal Place of Business <del>4704 NE 23RD AVE</del> <del>FT LAUDERDALE FL 33308</del> US		Mailing Address <del>4704 NE 23RD AVE</del> <del>FT LAUDERDALE FL 33308</del> US	
2. Principal Place of Business 451 HERITAGE DR. Suite (Apt. #, etc.) 401 City & State POMPANO BEACH, FL Zip 33060 Country USA		3. Mailing Address 451 HERITAGE DR. Suite (Apt. #, etc.) APT. 401 City & State POMPANO BEACH, FL Zip 33060 Country USA	
4. FEI Number 65-0143752		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 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 <u>EDITH K. MEINHOLTZ, PRES.</u> <u>Edith K. Meinholz</u> <u>June 2, 2005</u> 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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input checked="" type="checkbox"/> TD NAME MENGES, ANN STREET ADDRESS 544 VILLAGE DRIVE CITY-ST-ZIP POMPANO BEACH FL 33060		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DV NAME EUBANK, PAT STREET ADDRESS 3311 NE 14TH CT. CITY-ST-ZIP FORT LAUDERDALE FL 33304		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DP NAME MEINHOLTZ, EDITH STREET ADDRESS <del>4704 NE 23RD AVE</del> CITY-ST-ZIP <del>FT LAUDERDALE FL 33308</del> 451 HERITAGE DR. APT. 401 POMPANO BEACH, FL 33060		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> SD NAME KUHL, VIRGINIA STREET ADDRESS 568 VILLAGE DRIVE CITY-ST-ZIP POMPANO BEACH FL 33060		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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: <u>Edith K. Meinholz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>June 2, 2005</u> 254 943 4713 Daytime Phone #	