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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N36497** (8)  
1. Corporation Name  
**CHILDREN'S RIGHTS OF AMERICA NATIONAL FUND, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**8097-B ROSWELL RD  
ATLANTA GA 30350  
US** **8097-B ROSWELL RD  
ATLANTA GA 30350  
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **01/31/1990** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2994192** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **8735 Dupwoody PL** 26 **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE 6** 27  
City & State City & State  
23 **ATLANTA, GA** 28  
Zip Country Zip Country  
24 **30350** 25 **FULTON** 29 30

9. Name and Address of Current Registered Agent  
**PARSLEY, CAROL  
11722 CURRIE LN  
#12  
LARGO FL 34644**

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: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENTHAL, KATHY</b>	1.2 NAME	<b>DV</b>
STREET ADDRESS	<b>10225 ULMERTON RD</b>	1.3 STREET ADDRESS	<b>KATHY ROSENTHAL RESIGNED</b>
CITY - ST - ZIP	<b>LARGO FL</b>	1.4 CITY - ST - ZIP	<b>FROM BOARD</b>
TITLE	<b>DS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOYER, CAMILLA</b>	2.2 NAME	
STREET ADDRESS	<b>4201 3RD ST N</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DT</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PINO, MICHAEL</b>	3.2 NAME	<b>DTV</b>
STREET ADDRESS	<b>8275 JACARANDA AVE. NO.</b>	3.3 STREET ADDRESS	<b>PINO, MICHAEL</b>
CITY - ST - ZIP	<b>SEMINOLE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARSLEY, CAROL</b>	4.2 NAME	
STREET ADDRESS	<b>11722 CURRIE LN #12</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LARGO FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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:

*Carol Parsley* **Carol Parsley** 4/27/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR