FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:06

DOCUMENT # N92000000947 (3)

1. Corporation Name
CHILDREN'S EMERGENCY RESOURCES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1496 STUART FL 34995	P.O. BOX 1496 STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3154837 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOFFA, DALE H
1 KNOWLES RD.
SEWALL'S POINT FL 34996

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 _____
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	D,	11 TITLE	☐ Change ☐ Addition
NAME	BARNES, LARUE	12 NAME	
STREET ADDRESS	611 S. FEDERAL HWY, SUITE C	13 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	14 CITY-ST-ZIP	
TITLE	P, D	21 TITLE	☐ Change ☐ Addition
NAME	EVANS, ANNE	22 NAME	
STREET ADDRESS	620 S. DIXIE HWY	23 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	24 CITY-ST-ZIP	
TITLE	V, D	31 TITLE	☐ Change ☐ Addition
NAME	HOFFA, DALE	32 NAME	
STREET ADDRESS	1 KNOWLES RD.	33 STREET ADDRESS	
CITY-ST-ZIP	SEWALL'S POINT FL 34996	34 CITY-ST-ZIP	
TITLE	S, D	41 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, JOAN	42 NAME	
STREET ADDRESS	6521 SE CLAIRMONT PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	44 CITY-ST-ZIP	
TITLE	T, D	51 TITLE	☐ Change ☐ Addition
NAME	WHEELER, MIRIAM	52 NAME	
STREET ADDRESS	1852 SE VESTHAVEN CT.	53 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	54 CITY-ST-ZIP	
TITLE	~~D~~	61 TITLE	☐ Change ☐ Addition
NAME	~~STUEVER, JO A~~	62 NAME	REMITTED BY MAY 1
STREET ADDRESS	~~10 SE CENTRAL PKWY, SUITE 420~~	63 STREET ADDRESS	Delete
CITY-ST-ZIP	~~STUART FL 34994~~	64 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)(i), 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: X D Wale Hoffa 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070575