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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34995-1496

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business	2a. Mailing Address
21 P. O. Box 2141	26 P. O. Box 2141
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM CITY FL	28 City & State: PALM CITY FL
24 Zip: 34991 25 Country: USA	29 Zip: 34991 30 Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOFFA, DALE H ~~1 KNOWLES RD.~~ ~~SEWALL'S POINT FL 34996~~ 2010 SW Olympic Club Terr Palm City FL 34990	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, LARUE		1.2 NAME		
STREET ADDRESS	611 S. FEDERAL HWY, SUITE C		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	EVANS, ANNE		2.2 NAME		
STREET ADDRESS	620 S. DIXIE HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	PRESIDENT, D	☒ Change ☐ Addition
NAME	HOFFA, DALE		3.2 NAME		
STREET ADDRESS	1 KNOWLES RD.		3.3 STREET ADDRESS	2010 SW OLYMPIC CLUB TERR	
CITY-ST-ZIP	SEWALL'S POINT FL 34996		3.4 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOODMAN, JOAN		4.2 NAME		
STREET ADDRESS	6521 SE CLAIRMONT PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	VPRES, D	☒ Change ☐ Addition
NAME	WHEELER, MIRIAM		5.2 NAME		
STREET ADDRESS	1852 SE VESTHAVEN CT.		5.3 STREET ADDRESS	9900 S OCEAN #13	
CITY-ST-ZIP	PORT ST. LUCIE FL		5.4 CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	☒ DELETE	6.1 TITLE	TREAS, D	☐ Change ☒ Addition
NAME	STUEVER, JO A		6.2 NAME	DOUGLAS SAMS	
STREET ADDRESS	10 SE CENTRAL PKWY, SUITE 420		6.3 STREET ADDRESS	219 WINNACHEE DR	
CITY-ST-ZIP	STUART FL 34994		6.4 CITY-ST-ZIP	STUART FL 34994	

CR2E037 (9/96)

14. I do 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 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: Douglas W. Sams REQUIRED 1/23/97 DOUGLAS SAMS TREASURER 561-288-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Typed or Printed Name of Signing Officer or Director — Daytime Phone Number