

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000947 (3)**

1. Corporation Name

CHILDREN'S EMERGENCY RESOURCES, INC.



Principal Place of Business P.O. BOX 2141 PALM CITY FL 34991 US	Mailing Address P.O. BOX 1496 STUART FL 34996
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>P.O. Box 2141</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>Palm City FL</i>
Zip 24	Zip 29 <i>34991</i>
Country 25	Country 30

3. Date Incorporated or Qualified 12/21/1992	
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent HOFFA, DALE H 2010 S.W. OLYMPIC CLUB TERR PALM CITY FL 34990
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PD HOFFA, DALE
STREET ADDRESS	2010 S.W. OLYMPIC CLUB TERR
CITY-ST-ZIP	PALM CITY FL
TITLE	☐ DELETE
NAME	S GOODMAN, JOAN
STREET ADDRESS	6521 SE CLAIRMONT PLACE
CITY-ST-ZIP	HOBE SOUND FL
TITLE	☐ DELETE
NAME	VPD WHEELER, MIRIAM
STREET ADDRESS	9900 S. OCEAN., #13
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	☐ DELETE
NAME	TD SAMS, DOUGLAS
STREET ADDRESS	219 WINNACHEC DR
CITY-ST-ZIP	STUART FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* *T. Sams* 2/11/98 581 288-2525

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