Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

City & State

Zìp

24



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N92000000947

Country

25

CHILDREN'S EMERGENCY F	16300HCL3, 1140.		
Principal Place of Business	Mailing Address		
P.O. BOX 2141 PALM CITY FL 34991 US	PO BOX 2141 PALM CITY FL 34991 US		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

28

29

City & State

Zip

**FILED** Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90127 017 \*\*\*\*61.25



3. Date incorporated or Qualifed 12/21/1992 4. FEI Number

5. Certifcate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

--59-3154837

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
2010 S.W. OLYMPIC CLUB TERR PALM CITY FL 34990  83  44 City  FL 85 Zip Code  171.* 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, and an armillar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or present name of registered agent and accept the obligations of, Section 617.0503, Florida Statutes.  When the state of Florida Statutes is a state of Florida Statutes.  INDITION OF Florida Statutes.  SIGNATURE  Signature, typed or present name of registered agent and title of applications.  (NOTE Respirator Agent algebraic required when relatatory)  DATE  12. OFFICERS AND DIRECTORS IN 12  12. ITITE  PO DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ITITE  21. ITITE  21. ITITE  22. ITITE  23. 4. GOTH, ST. 2P  24. CITY, ST. 2P  24. CITY, ST. 2P  24. CITY, ST. 2P  34. GOTH, ST. 2P  34. CITY, ST. 2P  35. STREET ADDRESS  37. ST. 2F. CHARMONT PLACE  4. CITY, ST. 2P  4. CITY, ST. 2P  Change  Addition  Addition  4. CITY, ST. 2P  Addition  4. CITY, ST. 2P  Addition  Additio				81	Name				
2010 S.W. OLYMPIC CLUB TERR PALM CITY FL 34990  83  44 City  FL 85 Zip Code  171.* 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, and an armillar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or present name of registered agent and accept the obligations of, Section 617.0503, Florida Statutes.  When the state of Florida Statutes is a state of Florida Statutes.  INDITION OF Florida Statutes.  SIGNATURE  Signature, typed or present name of registered agent and title of applications.  (NOTE Respirator Agent algebraic required when relatatory)  DATE  12. OFFICERS AND DIRECTORS IN 12  12. ITITE  PO DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ITITE  21. ITITE  21. ITITE  22. ITITE  23. 4. GOTH, ST. 2P  24. CITY, ST. 2P  24. CITY, ST. 2P  24. CITY, ST. 2P  34. GOTH, ST. 2P  34. CITY, ST. 2P  35. STREET ADDRESS  37. ST. 2F. CHARMONT PLACE  4. CITY, ST. 2P  4. CITY, ST. 2P  Change  Addition  Addition  4. CITY, ST. 2P  Addition  4. CITY, ST. 2P  Addition  Additio	HOSEA DALE II				DO COLLA A Library (D. O. Davy Numbers in Alex Accounts blo)				
PALM CITY FL 34990    83	· · · · · · · · · · · · · · · · · · ·			62	Street Address (P.O. Box Number is Not Acceptable)				
### City				83					
T1.*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 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 are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  Signature, typend represent agent and the *# applicable*. (NOTE Represented Agent signature required when rematering)  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  TITLE  NUME  STREET ADDRESS  OTHER TADRESS  OGODMAN, JOAN  STREET ADDRESS  OTHER TADRESS  OGODMAN, JOAN  STREET ADDRESS  OTHER TADRESS  OTHER TADRES	PALM UII	T FL 34990		<u> </u>					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Doard of directors. I nereby accept use appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  Signature. Signature, hyper or printed name of requiremed agent and their Application. [NOTE: Requiremed Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Imme.   DELETE   1.1 mile.   1.2 make.   1.3 street ADDRESS   1.4 cm/s st.2 pt.   1.4 cm/s s				84	City	FL 85 Zip Code			
Signature, lyped or printed rame of regulared spent and to the if applications. (NOTE Regulared Appert algebraids and Applications). (NOTE Regulared Appert algebraids). (NOTE Appert al	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								
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	SIGNATURE								
TITLE PD HOFFA, DALE 12 MAME 12 MAME 12 MAME 13 STREET ADDRESS 14 CITY-ST-ZP 17 MILE 10 DELETE 21 MILE 10 DELETE 33 STREET ADDRESS 10 DELETE 31 MILE 10 DELETE 10 DELETE 31 MILE 10 DELETE 10 DE	12				it signature i				
NAME				1.1 TITLE		Change Addition			
STREET ADDRESS CITY-ST-ZIP PALM CITY FL S CITY-ST-ZIP NAME GOODMAN, JOAN STREET ADDRESS 6521 SE CLAIRMONT PLACE CITY-ST-ZIP HOBE SOUND FL TITLE VPD STREET ADDRESS CITY-ST-ZIP TITLE UPD STREET ADDRESS S		. •	_	1.2 NAME					
DELETE   1.4 CITY-ST-ZIP   34 9 7 0				1.3 STREE	TADDRESS				
DELETE   21 TITLE   Change   Addition				_		34990			
NAME GOODMAN, JOAN 521 SE CLAIRMONT PLACE 2.3 STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 2.4 CITY-ST-ZIP 3.1 TITLE VPD DELETE 3.1 TITLE 3.2 STREET ADDRESS DY-ST-ZIP 3.3 STREET ADDRESS DY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS DY-ST-ZIP DELETE 4.1 TITLE 3.5 STREET ADDRESS DY-ST-ZIP DELETE 4.1 TITLE 3.5 STREET ADDRESS DY-ST-ZIP DELETE 4.1 TITLE 3.5 STREET ADDRESS DY-ST-ZIP DELETE 5.1 TITLE 3.5 STREET ADDRESS DY-ST-ZIP DELETE 5.1 TITLE 3.5 STREET ADDRESS DY-ST-ZIP DELETE 5.3 STREET ADDRESS DY-ST-ZIP DELETE 6.3 STREET ADDRESS DY-ST-ZIP DY-ST-ZIP DELETE 6.3 STREET ADDRESS DY-ST-ZIP DY-ST			□ DELETE			Change Addition			
STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL  VPD DELETE 3.1 TITLE VPD DELETE 3.1 TITLE WHEELER, MIRIAM STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 3.3 STREET ADDRESS CITY-ST-ZIP NAME SAMS, DOUGLAS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.1 TITLE S.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.1 TITLE S.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.1 TITLE S.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE S.1 TITLE S.3 STREET ADDRESS STREET		•	<del></del> ·	22 NAME		,			
CITY-ST-ZIP			•		T ADDRESS				
TITLE VPD						33455			
NAME   WHEELER, MIRIAM   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.5 STREET ADDRESS   3.5			□ DELETE		) I - ZIF	Change Addition			
STREET ADDRESS   9900 S. OCEAN., #13   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.5 STREET ADDRESS   3.4 STREET ADDRESS   3.5	·	***	<b>—</b>						
STREET ADDRESS   STRE		•			T ADDDESS	·			
TITLE TD DELETE 4.1 TITLE  NAME SAMS, DOUGLAS  STREET ADDRESS  219 WINNACHEC DR  STUART FL  DELETE 5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.3 STREET ADDRESS  GITY-ST-ZIP  GADDRESS  G		· · · · · · · · · · · · · · · · · · ·				34957			
NAME   SAMS, DOUGLAS   4.2 NAME   4.3 STREET ADDRESS   3 4 9 9 9			DELETE	_	OI-ZIF	☐ Change ☐ Addition			
STREET ADDRESS CITY-ST-ZIP  STUART FL  DELETE  5.1 ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  0.1 ITILE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP  TITLE 0.1 DELETE 0.1 ITILE 0.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  TITLE 0.3 STREET ADDRESS 5.4 CITY-ST-ZIP  TITLE 0.4 STREET ADDRESS 6.5 STREET ADDRESS 6.5 STREET ADDRESS 6.6 CITY-ST-ZIP  6.7 STREET ADDRESS 6.8 STREET ADDRESS 6.9		· <del>-</del>							
A CITY-ST-ZIP					TANNESS				
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME						34994			
NAME		STUART FL	□ DELETÉ	_	11. ZIP	☐ Change ☐ Addition			
5.3 STREET ADDRESS     5.4 CITY-ST-ZIP			C. 5200.2						
5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP     6.1 TITLE     6.1 TITLE   6.2 NAME     6.2 NAME     6.3 STREET ADDRESS   6.4 CITY-ST-ZIP   6.4 CITY-ST-ZIP   6.4 CITY-ST-ZIP   6.5 STREET ADDRESS   6.5 STREET				5.3 STREE	T ADDRESS				
CITY-ST-ZIP    DELETE   6.1 TITLE   Change   Addition				_					
NAME  6.2 NAME  STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-7IP  6.4 CITY-ST-7IP		. 4	[ ] DELETE			☐ Change ☐ Addition			
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP			<u>_</u>	6.2 NAME					
CITY-ST-7IP 6.4 CITY-ST-ZIP		•		6.3 STREE	TADORESS				
	CITY-ST-ZIP	pertify that the information supplied with this filing	does not qualify for the			d in Section 119.07(3)(i). Florida Statutes. I further certify that the information			

Country

30

ared to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed or