2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000947

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

Principal Place of Business	Mailing Address
P.O. BOX 2623 STUART, FL 34995-2623 US	P.O. BOX 2623 STUART, FL 34995-2623 US

01132005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3154837
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFA, DALE H
2010 S.W. OLYMPIC CLUB TERR
PALM CITY, FL 34990

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOFFA, DALE
STREET ADDRESS	2010 S.W. OLYMPIC CLUB TERR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	S
NAME	GOODMAN, JOAN
STREET ADDRESS	6521 SE CLAIRMONT PLACE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VPD
NAME	WHEELER, MIRIAM
STREET ADDRESS	9900 S. OCEAN., #13
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	TD
NAME	HART, JAMES W
STREET ADDRESS	1803 SE KILLEAN CT
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/05-80013-018 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D Wale Hoffa Jr 2-9-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #