

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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



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

Mailing Address
P.O. BOX 2623
STUART, FL 34995-2623 US

DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 TD
NAME HART, JAMES W
STREET ADDRESS 1803 SE KILLEAN CT
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE VPD
NAME HORSTING, AL
STREET ADDRESS 7193 SE SEAGATE LANE
CITY-ST-ZIP STUART, FL 34997

TITLE D
NAME OREIRO, FLORENCE
STREET ADDRESS P O BOX 1777
CITY-ST-ZIP HOBE SOUND, FL 33475

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000583006
01/17/07-80095-019 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

James W. Hart Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. HART JR

1/11/07 772-337-4031
Date Daytime Phone #