


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000000947</b>		
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	



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3154837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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

*James W. Hart*

(NOTE: Registered Agent signature required when reinstating)

1/8/08

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFA, DALE 2010 S.W. OLYMPIC CLUB TERR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODMAN, JOAN 6521 SE CLAIRMONT PLACE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HART, JAMES W 1803 SE KILLEAN CT PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HORSTING, AL 7193 SE SEAGATE LANE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OREIRO, FLORENCE P O BOX 1777 HOBE SOUND, FL 33475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000779992  
01/14/08-80004-013 70.00

**DO NOT WRITE  
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*

1/8/08

772-337-4031