

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000947

FILED
Jan 21, 2009
Secretary of State

Entity Name: CHILDREN'S EMERGENCY RESOURCES, INC.

Current Principal Place of Business:

P.O. BOX 2623
STUART, FL 349952623 US

New Principal Place of Business:

1803 SE KILLEAN COURT
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

P.O. BOX 2623
STUART, FL 349952623 US

New Mailing Address:

FEI Number: 59-3154837 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFA, DALE
Address: 2010 S.W. OLYMPIC CLUB TERR
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: GOODMAN, JOAN
Address: 6521 SE CLAIRMONT PLACE
City-St-Zip: HOBE SOUND, FL 33455

Title: TD () Delete
Name: HART, JAMES W
Address: 1803 SE KILLEAN CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPD () Delete
Name: HORSTING, AL
Address: 7193 SE SEAGATE LANE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: OREIRO, FLORENCE
Address: P O BOX 1777
City-St-Zip: HOBE SOUND, FL 33475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. HART JR

TREA

01/21/2009

Electronic Signature of Signing Officer or Director

Date