

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000947

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** CHILDREN'S EMERGENCY RESOURCES, INC.

**Current Principal Place of Business:**

1803 SE KILLEAN COURT  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

1803 SE KILLEAN CT  
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 ( )**

**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  
Name: HOFFA, DALE  
Address: 2010 S.W. OLYMPIC CLUB TERR  
City-St-Zip: PALM CITY, FL 34990

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

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

Title: PD  
Name: WHEELER, MIRIAM DR.  
Address: 9900 S OCEAN DRIVE UNIT G3  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby 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 all other like empowered.

SIGNATURE: JAMES HART

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01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date