2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CHILDREN'S EMERGENCY RESOURCES, INC.

Current Principal Place of Business:

1803 SE KILLEAN CT
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

1555 SE BALLANTRAE 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: SEC
Name: JENNIFER, BRACKEN
Address: 4 DELANO LANE
City-St-Zip: STUART, FL 34996

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

Title: VP
Name: HORSTING, AL
Address: 6147 SE WINDSONG
City-St-Zip: STUART, FL 34997

Title: DIR
Name: WHEELER, MIRIAM DR.
Address: 9900 S OCEAN DRIVE UNIT G3
City-St-Zip: JENSEN BEACH, FL 34997

Title: PRES
Name: SANDRA, MCNEAL
Address: P.O. BOX 8704
City-St-Zip: JUPITER, FL 33468

Title: TREA
Name: CHERYL, HENDRIX
Address: 1555 SE BALLANTRAE COURT
City-St-Zip: PORT ST. LUCIE, FL 34952

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: CHERYL K. HENDRIX TREA 01/19/2012
Electronic Signature of Signing Officer or Director Date