SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000963 (9)**

1. Corporation Name
SOUTH FLORIDA CHILDREN'S FOUNDATION, INC.

Principal Place of Business	Mailing Address
150 SW 12TH AVENUE SUITE 340 POMPANO FL 33487	150 SW 12TH AVENUE SUITE 340 POMPANO FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1993
3a. Date of Last Report: 10/25/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0390093 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3192 A. W. HALLANDALE BEACH BLVD.	26 3192 A W. HALLANDALE BEACH BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PEMBROKE PARK, FL.	28 City & State: PEMBROKE PARK, FL.
24 Zip: 33009 25 Country: US	29 Zip: 33009 30 Country: US

9. Name and Address of Current Registered Agent

BERNSTEIN, ROBERT
150 SW 12TH AVENUE
SUITE 340
POMPANO FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	BERNSTEIN, ROBERT	12 NAME		
STREET ADDRESS	150 SW 12TH AVENUE, SUITE 340	13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL 33069	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	V/D	☒ Change ☐ Addition
NAME	RACHLIN, ROBERT	22 NAME		
STREET ADDRESS	150 SW 12TH AVENUE, SUITE 340	23 STREET ADDRESS	11120 N. KENDALL DR STE 201	
CITY-ST-ZIP	POMPANO FL 33069	24 CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	D	31 TITLE	DELETE	☒ Change ☐ Addition
NAME	LEVIN, ALAN	32 NAME		
STREET ADDRESS	8013 SW 30TH STREET	33 STREET ADDRESS	DELETE	
CITY-ST-ZIP	DAVIE FL 33328	34 CITY-ST-ZIP	DELETE	
TITLE		41 TITLE	T/D	☐ Change ☒ Addition
NAME		42 NAME	NATHAN KATZ	
STREET ADDRESS		43 STREET ADDRESS	7340 N W 15 ST.	
CITY-ST-ZIP		44 CITY-ST-ZIP	PLANTATION, FL. 33317	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R A Rachlin (ROBERT A. RACHLIN) 7/10/95 (305) 270-2040
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0007017