2007 NOT-FOR-PROFIT CORPORATION

May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N93000002196** 05-02-2007 90106 049 ****61.25 THE CHILDREN'S COALITION INCORPORATED Principal Place of Business Mailing Address **529 CLEMATIS ST** P.O. BOX 2774 WEST PALM BEACH, FL 33402 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01192007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 65-0410121 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARTWRIGHT, CARLTON G EX. DIR Street Adoress (P.O. Box Number is Not Acceptable) 529 CLEMATIS ST. WEST PALM BEACH, FL -33401 City Zip Code 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 _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRES TITLE Delete TITLE Addition BARNES, EDRICK E ESQUIRE NAME NAME 1615 FORUM PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PLAM BEACH, FL 33401 CITY-ST-ZIP TREA TITLE ☐ Delete TITLE Addition ☐ Chance NAME DUNFORD, LORI B LMHC NAME STREET ADDRESS 2096 CIRCLE PLACE DRIVE STREET ADORESS City-St-ZiP LANTANA, FL 33462 DITY-ST-ZIP JOE OWENS, SECR TITLE Delete TITLE Addition ROSENBERG, FELECIA CONSULT NAME NAME 2805 YERONIA DR. STREET ADDRESS 701 S. ROSEMARY AVENUE, SUITE 701 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-7IP PALMBEH GARDENS, FL 33410 TITLE Delete TITLE NOCERO NAME KRISCHER, BARRY STATTY ISLAND VIEW DR#3 NAME FICE RETONIFL 33433 STREET ADDRESS 410 NORTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33401 CITY-ST-ZIP RICA TITLE Delete TITLE LOEB, NICK CONSULT NAME STREET ADDRESS 1850 LAKE DRIVE STREET ADDRESS CITY-ST-ZIF DELRAY BEACH, FL 33444 CJTY-ST-7/P TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7P CITY-ST-ZIP

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 chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE

ND TYPED O ITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED