FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002771 (4)

1. Corporation Name

ENVIRONMENTAL CHILDREN HELPING OUT, INC.

Principal Place of Business
13543N.W. 10TH STREET
SUITE 307
SUNRISE FL 33323
US

Mailing Address
13543 N.W. 10TH STREET
SUNRISE FL 33323
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 08/15/1994
4. FEI Number: 65-0419611 — Applied For / Not Applicable

2. Principal Place of Business
21 13543 NW 10th St
22 Suite, Apt # etc: Sunrise
23 City & State: Fl
24 Zip: 33323
25 Country: Broward

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

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 ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MARSHALL, MAXINE
13543 N.W. 10TH STREET
SUITE 307
SUNRISE FL 33323

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	MAXINE MARSHALL
STREET ADDRESS	13543 N.W. 10TH STREET
CITY ST ZIP	SUNRISE FL
TITLE	VP
NAME	DANNIBLE, SUSAN
STREET ADDRESS	1640 N.E. 56TH AVENUE
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	T
NAME	CRAIG, JIM
STREET ADDRESS	13331 N.W. 10TH STREET
CITY ST ZIP	SUNRISE FL
TITLE	S
NAME	REEVES, PEGGIE
STREET ADDRESS	705 TENNYSON DRIVE
CITY ST ZIP	COLUMBIA SC
TITLE	D
NAME	REEVES, PEGGIE
STREET ADDRESS	750 TENNYSON DRIVE
CITY ST ZIP	COLUMBIA SC
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY ST ZIP; ☐ Change ☐ Addition) — blank

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)(k), 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: Maxine Marshall, director — 4/26/95 — 846-6243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0010410