

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000002771 (4)

1. Corporation Name

ENVIRONMENTAL CHILDREN HELPING OUT, INC.



Principal Place of Business

Mailing Address

13543 NW 10TH STREET  
SUITE 307  
SUNRISE FL 33323  
US

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

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 13543 NW 10ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SUNRISE FL

28

Zip

Country

Zip

Country

24 33323

25 BROWARD

29

30

4. FEI Number

65-0419611

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Marshall, Maxine

82 Street Address (P.O. Box Number is Not Acceptable)

13543 NW 10 ST

83

84 City

Sunrise

FL

85 Zip Code

33323

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PD  
MAXINE MARSHALL  
STREET ADDRESS  
13543 N.W. 10TH STREET  
CITY-ST-ZIP  
SUNRISE FL

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
VP  
DANNIBILE, SUSAN  
STREET ADDRESS  
1640 N.E. 56TH AVENUE  
CITY-ST-ZIP  
FT. LAUDERDALE FL

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
T  
CRAIG, JIM  
STREET ADDRESS  
13331 N.W. 10TH STREET  
CITY-ST-ZIP  
SUNRISE FL

31 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
Baltzegar, Cameron  
705 TENNYSON DRIVE  
COLUMBIA, S.C.

TITLE ☐ DELETE

NAME  
S  
REEVES, PEGGIE  
STREET ADDRESS  
705 TENNYSON DRIVE  
CITY-ST-ZIP  
COLUMBIA SC

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
D  
REEVES, PEGGIE  
STREET ADDRESS  
750 TENNYSON DRIVE  
CITY-ST-ZIP  
COLUMBIA SC

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96  
Date

(954) 846-0743  
Daytime Phone #

CR2E037 (12/95)