

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N93000002771 (4)**

1. Corporation Name

ENVIRONMENTAL CHILDREN HELPING OUT, INC.



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| Principal Place of Business 13543 NW 10TH STREET SUITE 307 SUNRISE FL 33323 US | Mailing Address 13543 N.W. 10TH STREET SUNRISE FL 33323-2907 US |
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3. Date Incorporated or Qualified **06/21/1993** 3a. Date of Last Report **05/01/1996**

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| 2. Principal Place of Business 13543 NW 10th | 2a. Mailing Address 13543 N.W. 10th St |
| 22. City & State Sunrise FL | 27. City & State Sunrise FL |
| 23. Zip 33323 | 28. Country US |

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

| | |
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| 9. Name and Address of Current Registered Agent MARSHALL, MAXINE 13543 N.W. 10TH STREET SUITE 307 SUNRISE FL 33323 | |
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|---|---------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81. Name Marshall, Maxine | 85. Zip Code 33323 FL |
| 82. Street Address (P.O. Box Number is Not Acceptable) 13543 NW 10th St | |
| 83. City Sunrise FL | |

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 Maxine Marshall DATE 4/20/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAXINE MARSHALL | 1.2 NAME | |
| STREET ADDRESS | 13543 N.W. 10TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANNIBLE, SUSAN | 2.2 NAME | |
| STREET ADDRESS | 1840 N.E. 56TH AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | |
| TITLE | T | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BALTZEGAR, CAMERON | 3.2 NAME | |
| STREET ADDRESS | 705 TENNYSON DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBIA S. | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REEVES, PEGGIE | 4.2 NAME | |
| STREET ADDRESS | 705 TENNYSON DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBIA SC | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REEVES, PEGGIE | 5.2 NAME | |
| STREET ADDRESS | 750 TENNYSON DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBIA SC | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing 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: Maxine Marshall DATE: 4/20/97

CR2E037 (9/96)