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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90001 014 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000003193</b>					
1. Corporation Name <b>CHILDREN'S CHARITY FUND INC.</b>					
Principal Place of Business <b>7061 S. TAMiami TRAIL SARASOTA FL 34231</b>			Mailing Address <b>2011 BISPHAM RD A SARASOTA FL 34231 US</b>		

91506 90001 14



2. Principal Place of Business 21 <b>2011 Bispham Rd</b>		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/24/1994</b>	
22 <b>A-1</b>		27		4. FEI Number <b>06-1321377</b>	
23 <b>SARASOTA FL</b>		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>34231</b>		29 <b>SARASOTA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>RADY, JOYCE 7061 S TAMiami TR #206 SARASOTA FL 34231</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City <b>FL</b> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RADY, JOYCE			1.2 NAME			
STREET ADDRESS	4812 LA FRACIE AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH PORT FL 34238			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, GERI			2.2 NAME			
STREET ADDRESS	81 MONITOR STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN NY 11222			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOMINSKI, ANNMARIE			3.2 NAME			
STREET ADDRESS	504 E. 81ST STREET. APT. 1-J			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10028			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEISSNER, CINDY			4.2 NAME	<b>MEISSNER Cindy</b>		
STREET ADDRESS	4525 WINDSOR CT. E.			4.3 STREET ADDRESS	<b>4525 WINDSOR CT E</b>		
CITY-ST-ZIP	BRADENTON FL 34203			4.4 CITY-ST-ZIP	<b>BRADENTON FL</b>		
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAMER, SUSAN			5.2 NAME			
STREET ADDRESS	1617-A LAUREL LEAF LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL 34950			5.4 CITY-ST-ZIP			
TITLE	ASSD	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, AMY			6.2 NAME	<b>Smith Amy</b>		
STREET ADDRESS	4790 30TH PL. S.W.			6.3 STREET ADDRESS	<b>4790 30th Pl S.W.</b>		
CITY-ST-ZIP	NAPLES FL 34116			6.4 CITY-ST-ZIP	<b>NAPLES FL 34116</b>		

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

1-941-925-9689

Date

Daytime Phone #