

2001 UNIFORM BUSINESS REPORT (UBR)

1/13/01-5

FILED

Feb 08, 2001 8:00 am
Secretary of State

01-13-2001 90057 030 ****61.25

DOCUMENT # N94000003193

1. Entity Name

CHILDREN'S CHARITY FUND INC.

Principal Place of Business

2011 BISPHAM RD A-1
SARASOTA FL 34231

Mailing Address

2011 BISPHAM RD
A
SARASOTA FL 34231
US

2. Principal Place of Business

3. Mailing Address

3412 CLARK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

223

City & State

SARASOTA FL

Zip

Country

34231

Country

4. FEI Number

06-1321377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RADY, JOYCE
7061 S TAMiami TR #208
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name KENNETH BOWMAN

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

3412 CLARK RD #223

City SARASOTA

FL

Zip Code 34231

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.

SIGNATURE

Kenneth Bowman

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

(NOTE: Registered Agent signature required when reinstating)

01-08-2001

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RADY, JOYCE	
STREET ADDRESS	4812 LA FRACIE AVE	
CITY-ST-ZIP	NORTH PORT FL 34238	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARK, GRI	
STREET ADDRESS	81 MONITOR STREET	
CITY-ST-ZIP	BROOKLYN NY 11222	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOMINSKI, ANN MARIE	
STREET ADDRESS	504 E. 81ST STREET. APT. 1-J	
CITY-ST-ZIP	NEW YORK NY 10028	
TITLE	ASSD	<input checked="" type="checkbox"/> Delete
NAME	MEISSNER, CINDY	
STREET ADDRESS	4525 WINDSOR CT. E.	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, SUSAN	
STREET ADDRESS	1817-A LAUREL LEAF LANE	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, AMY	
STREET ADDRESS	4790 30TH PL. S.W.	
CITY-ST-ZIP	NAPLES FL 34116	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	KENNETH BOWMAN	
CITY-ST-ZIP	3412 CLARK RD 223 SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	ROMINSKI ANN MARIE	
CITY-ST-ZIP	504 E 81ST ST APT 1-J NEW YORK NY 10028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Kenneth Bowman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-01

Date

Daytime Phone #

CR2E037 (10/00)