

**2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 21, 2004**  
**Secretary of State**

DOCUMENT# N94000003193

**Entity Name:** CHILDREN'S CHARITY FUND INC.**Current Principal Place of Business:**6623 SUPERIOR AVE  
A  
SARASOTA, FL 34231**New Principal Place of Business:****Current Mailing Address:**3412 CLARK ROAD  
223  
SARASOTA, FL 34231 US**New Mailing Address:**6623 SUPERIOR AVE  
A  
SARASOTA, FL 34231 US**FEI Number:** 06-1321377**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BOWRON, KENNETH  
3412 CLARK ROAD  
223  
SARASOTA, FL 34231 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** BOWRON, KENNETH  
**Address:** 3412 CLARK ROAD  
**City-St-Zip:** SARASOTA, FL 34231**Title:** VPD ( ) Delete  
**Name:** CLARK, GERI  
**Address:** 81 MONITOR STREET  
**City-St-Zip:** BROOKLYN, NY 11222**Title:** SD ( ) Delete  
**Name:** STEFANIK, JON  
**Address:** 2807 HOPE ST  
**City-St-Zip:** SARASOTA, FL 34231**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** BOWRON, SHERYL  
**Address:** 3412 CLARK ROAD  
**City-St-Zip:** SARASOTA, FL 34231**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD (X) Change ( ) Addition  
**Name:** ROBINSON, ANGELA  
**Address:** 6623 SUPERIOR AVE  
**City-St-Zip:** SARASOTA, FL 34231**Title:** TD ( ) Change (X) Addition  
**Name:** ROBINSON, ANGELA  
**Address:** 6623 SUPERIOR AVE  
**City-St-Zip:** SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEYRL BOWRON

PRES

12/21/2004

Electronic Signature of Signing Officer or Director

Date