

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003193

FILED
Mar 30, 2005
Secretary of State

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:

6623 SUPERIOR AVE
A
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 06-1321377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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, SHERYL
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: ROBINSON, ANGELA
Address: 6623 SUPERIOR AVE
City-St-Zip: SARASOTA, FL 34231

Title: TD () Delete
Name: ROBINSON, ANGELA
Address: 6623 SUPERIOR AVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CLARK, GERI
Address: 39 SHADY PARK A-9
City-St-Zip: SELBYVILLE, DE 19975

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/30/2005

Electronic Signature of Signing Officer or Director

Date