

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003488 (3)

1. Corporation Name

CHILDREN'S RIGHTS COUNCIL OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 355 SHORE DRIVE ELLENTON FL 34222	Mailing Address 355 SHORE DRIVE ELLENTON FL 34222
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3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report
4. FBI Number 65-0473748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**KLINE, KRIS
355 SHORE DRIVE
ELLENTON FL 34222**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when mandating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	P/COORDINATOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12 NAME	Kris Kline	
STREET ADDRESS	13 STREET ADDRESS	355 Shore Dr.	
CITY - ST - ZIP	14 CITY - ST - ZIP	Ellenton, FL 34222	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	21 TITLE	1st VP/D SE CHAPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME	Kalman H. Gerb, P.A.	
STREET ADDRESS	23 STREET ADDRESS	2945 South Congress Ave.	
CITY - ST - ZIP	24 CITY - ST - ZIP	Lake Worth, FL 33461	
TITLE	31 TITLE	2nd V/D SE CHAPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME	Carole Cleveland Miller	
STREET ADDRESS	33 STREET ADDRESS	66 Harbour Drive North	
CITY - ST - ZIP	34 CITY - ST - ZIP	Oceanridge, FL 33435	
TITLE	41 TITLE	T/D SE CHAPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME	Frank Fiedor	
STREET ADDRESS	43 STREET ADDRESS	6880 Lawrence Rd.	
CITY - ST - ZIP	44 CITY - ST - ZIP	Lantana, FL 33462	
TITLE	51 TITLE	S/D SE CHAPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME	Candy Waring	
STREET ADDRESS	53 STREET ADDRESS	5219 52nd Way	
CITY - ST - ZIP	54 CITY - ST - ZIP	West Palm Beach, FL 33409	
TITLE	61 TITLE	D SE CHAPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME	Amelia Ostrosky	
STREET ADDRESS	63 STREET ADDRESS	673 Conniston Rd.	
CITY - ST - ZIP	64 CITY - ST - ZIP	West Palm Beach, FL 33405	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information presented in 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 correct, or on an attachment with an address.

SIGNATURE:  **Kris Kline** 4-25-95 813-620-9068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR