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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000003488 (3)

1. Corporation Name

CHILDREN'S RIGHTS COUNCIL OF FLORIDA, INC.



Principal Place of Business

Mailing Address

355 SHORE DRIVE
ELLENTON FL 34222

355 SHORE DRIVE
ELLENTON FL 34222-2025

3. Date Incorporated or Qualified

07/11/1994

3a. Date of Last Report

01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0473748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLINE, KRIS
355 SHORE DRIVE
ELLENTON FL 34222

81 Name

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

83

84 City

FL

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

TITLE PC
NAME KLINE, KRIS
STREET ADDRESS 355 SHORE DR.
CITY-ST-ZIP ELLENTON FL

☐ DELETE

TITLE VP
NAME GERB, KALMAN H.
STREET ADDRESS 2945 SOUTH CONGRESS AVE.
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

TITLE VD
NAME CLEVELAND-MILLER, CAROLE
STREET ADDRESS 66 HARBOUR DRIVE NORTH
CITY-ST-ZIP OCEANRIDGE FL

☒ DELETE

TITLE TD
NAME FIEDOR, FRANK
STREET ADDRESS 6880 LAWRENCE RD
CITY-ST-ZIP LANTANA FL

☒ DELETE

TITLE SD
NAME WARING, CANDY
STREET ADDRESS 5219 52ND WAY
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE SE
NAME OSTROSKY, AMELIA
STREET ADDRESS 673 CONNISTON RD
CITY-ST-ZIP WEST PALM BEACH FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD
1.2 NAME Dr. Piotr Blass
1.3 STREET ADDRESS 133 W. Tara Lake Dr.
1.4 CITY-ST-ZIP Boynton Beach, FL 33436

☐ Change ☒ Addition

2.1 TITLE SD
2.2 NAME Stephen Kline
2.3 STREET ADDRESS 355 Shore Dr.
2.4 CITY-ST-ZIP Ellenton, FL 34222

☐ Change ☒ Addition

3.1 TITLE PTD
3.2 NAME Kris Kline
3.3 STREET ADDRESS 355 Shore Dr.
3.4 CITY-ST-ZIP Ellenton, FL 34222

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

813-620-9068

Date

Daytime Phone # 0082330

RE037 (9/96)