

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-27-2004 90096 043 ****61.25

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1. Entity Name

CHILDREN'S RIGHTS COUNCIL OF FLORIDA, INC.



Principal Place of Business

5408 56TH COMMERCE PH BLVD
TAMPA FL 33610

Mailing Address

5408 56TH COMMERCE PH BLVD
TAMPA FL 33610

66422095



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

1001 So. Flagler Drive #703
West Palm Beach, FL 33401

1001 So. Flagler Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#703

City & State

City & State

West Palm Beach, FL 33401

Zip

Country

Zip

Country

33401

USA

4. FEI Number 65-0473748

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLINE, KRIS
502 S. WILLOW AVE. UNIT 5
ELLENTON FL 34222

Margherita Downey
1001 So. Flagler Dr
#703
West Palm Beach
FL 33401

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Margherita Downey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-04

FILE NOW - FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC KLINE, KRIS 502 S. WILLOW AVE. UNIT 5 TAMPA FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BLASS, PIOTR DR 133 W TARA LAKES DR BOYNTON BCH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KLINE, STEPHEN 502 S. WILLOW AVE. UNIT 5 TAMPA FL 33606	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KLINE, KRIS 502 S. WILLOW AVE. UNIT 5 TAMPA FL 33606	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres / Treasurer Margherita Downey 1001 So. Flagler Dr. #703 West Palm Beach, FL 33401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Ms. Jeanne Ray 218 Lone Pine Dr. Palm Beach Gardens, FL 33410	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec. Ms. Maria Balet 740 Tuscaloosa St. West Palm Beach, FL 33405	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Lisa Macchi 2255 Glades Rd #324 Atrium Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Mary Harvey 2400 So. Ocean Dr. #6114 Fort Pierce, FL 34949	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ERIC CHISHIRE 324 Oatara St W P Bch, FLA. 33401 561-655-1008	☐ Change ☒ Addition

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:

Margherita Downey, President/Treasurer 4/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 561-655-2671