

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90002 018 \*\*\*\*61.25

**DOCUMENT # N94000003488**

1. Entity Name  
**CHILDREN'S RIGHTS COUNCIL OF FLORIDA, INC.**



Principal Place of Business  
**1001 SOUTH FLORIDA DRIVE, #703  
WEST PALM BEACH, FL 33401**

Mailing Address  
**1001 SOUTH FLORIDA DRIVE, #703  
WEST PALM BEACH, FL 33401**

**50053133**



2. Principal Place of Business

**1375 GATEWAY BVD**

3. Mailing Address

**P.O. Box 1180**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05162005

Chg-NP

CR2E037 (10/03)

City & State

**BOYNTON BEACH FLA**

City & State

**W. PALM BEACH FL**

4. FEI Number

**65-0473748**

Applied For

Not Applicable

Zip

Country

**33420**

Zip

**33402**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DOWNEY, MARGHERITA  
1001 SOUTH FLORIDA DRIVE, #703  
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

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

**~~1001 SO. FLAGLER DRIVE #703~~  
1375 Gateway Blvd**

City

**Boynton Beach**

FL

Zip Code

**33426**

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**

**5-26-05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

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

TITLE **PT** ☐ Delete  
NAME **DOWNEY, MARGHERITA**  
STREET ADDRESS **1001 SOUTH FLORIDA DRIVE, #703**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **VP** ☒ Delete  
NAME **RAY, JEANNE MS**  
STREET ADDRESS **218 LONE PINE DR.**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **S** ☒ Delete  
NAME **BALET, MARIA MS**  
STREET ADDRESS **740 TUSCALOOSA ST.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE **D** ☐ Delete  
NAME **MACCI, LISA**  
STREET ADDRESS **2255 GLADES RD., #324 ATNIUM**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D** ☐ Delete  
NAME **CHESHIRE, ERIC**  
STREET ADDRESS **324 DARURA ST.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1001 SO. FLAGLER DR #703**  
CITY-ST-ZIP

TITLE **V.P.** ☒ Change ☐ Addition  
NAME **ANTHONY DIAMANTE**  
STREET ADDRESS **3680 TERRAPIN LANE #504**  
CITY-ST-ZIP **Coral Springs FLA 33067**

TITLE **S** ☒ Change ☐ Addition  
NAME **ANNIE JEANNE ADKINS, ESP**  
STREET ADDRESS **1375 Gateway Blvd**  
CITY-ST-ZIP **Boynton Beach FLA. 33426**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Angela Renzi**  
STREET ADDRESS **9777 Nickels Blvd #701**  
CITY-ST-ZIP **Boynton Beach FLA. 33436**

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**

**5-26-05**

**561-655-2611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #