2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# N94000003488

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

Current Principal Place of Business:

100 E. LINTON BLVD.
SUITE 502 B
DELRAY BEACH,, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1214
BOCA RATON, FL 33429 US

New Mailing Address:

FEI Number: 65-0473748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWNEY, MARGHERITA
100 E. LINTON BLVD.
SUITE 502B
DELRAY BEACH, FL 33426 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: P ( ) Delete
Name: DOWNEY, MARGHERITA
Address: 1001 S. FLAGLER DRIVE # 703
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: S ( ) Delete
Name: ADKINS, ANNIIE JEAN
Address: 100 E. LINTON BLVD.
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: MACCI, LISA M
Address: 2255 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: T ( ) Delete
Name: RENZI, ANGELA
Address: 100 E. LINTON BLVD.
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated in Chapter 119, 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: MARGHERITA DOWNEY PRES 04/03/2008

Electronic Signature of Signing Officer or Director — Date