

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90261 043 ****61.25

DOCUMENT # N94000004911

1. Entity Name

CRIPPLED CHILDREN'S SOCIETY AND REHABILITATION C

Principal Place of Business

Mailing Address

**300 ROYAL PALM WAY
PALM BEACH FL 33480****300 ROYAL PALM WAY
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0790137

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HENDERSON, PAMELA J
300 ROYAL PALM WAY
PALM BEACH FL 33480**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HENRY, THORNTON M**
STREET ADDRESS **505 S FLAGLER DR**
CITY-ST-ZIP **W PALM BEACH FL 33401**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MOORE, BARBARA**
STREET ADDRESS **2568 CARANDIS RD**
CITY-ST-ZIP **W PALM BEACH FL 33406**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MR. FARRELL, JAMES S.**
STREET ADDRESS **250 S. AUSTRALIAN AVE. STE. 500**
CITY-ST-ZIP **W PALM BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **M** ☐ Delete
NAME **HENDERSON, PAMELA J.**
STREET ADDRESS **300 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

PAMELA J. HENDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/12/01 (561) 655-7266**
Date Daytime Phone #

CR2E037 (10/00)