2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004
Secretary of State

DOCUMENT# N94000004911

Entity Name: CRIPPLED CHILDREN'S SOCIETY AND REHABILITATION CENTER FOR CHILDREN AND ADULTS, INC.

Current Principal Place of Business:

300 ROYAL PALM WAY
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

300 ROYAL PALM WAY
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-0790137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDERSON, PAMELA J
300 ROYAL PALM WAY
PALM BEACH, FL 33480 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: D ( ) Delete
Name: HENRY, THORNTON M
Address: 505 S FLAGLER DR
City-St-Zip: W PALM BEACH, FL 33401

Title: D ( ) Delete
Name: MOORE, BARBARA
Address: 2568 CARANDIS RD
City-St-Zip: W PALM BEACH, FL 33406

Title: D ( ) Delete
Name: MR. FARRELL, JAMES S.
Address: 250 S. AUSTRALIAN AVE. STE. 500
City-St-Zip: W PALM BEACH, FL

Title: M ( ) Delete
Name: HENDERSON, PAMELA J.
Address: 300 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL

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 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 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: PAMELA J. HENDERSON ED 01/26/2004

Electronic Signature of Signing Officer or Director — Date