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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005876 (7)

1. Corporation Name

LOST AND ABUSED CHILDREN'S NETWORK, INC.



Principal Place of Business

Mailing Address

1811 N.W. 9TH AVENUE
FT. LAUDERDALE FL 33311

P.O. BOX 451252
SUNRISE FL 33345-1252

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
10/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
65-0543815

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHILDREN IN DISTRESS, INC.
1909 N.W. 9TH AVE.
FT. LAUDERDALE FL 33311

81 Name CHILDREN 1ST MINISTRY NETWORK INC
82 Street Address (P.O. Box Number is Not Acceptable)
1909 N.W. 9TH AVE
83 FT LAUDERDALE
84 City FL 85 Zip Code 33311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NZEAKOR, ALOYSIUS
STREET ADDRESS P.O. BOX 451252 N/A
CITY-ST-ZIP SUNRISE FL 33345

1.1 TITLE D. CHIEF MIKE NZEAKOR
1.2 NAME
1.3 STREET ADDRESS % 1909 N.W. 9TH AVE.
1.4 CITY-ST-ZIP FT. LAUDERDALE FLORIDA 33311

TITLE D
NAME NZEAKOR, ROSE
STREET ADDRESS 8511 N.W. 47TH CT.
CITY-ST-ZIP LAUDERHILL FL 33351

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME CHUDDY, PRINCE
STREET ADDRESS 1909 N.W. 9TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)