

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005918 (7)

1. Corporation Name

CHILDRENS DENTAL ARCADE FOUNDATION INC.



Principal Place of Business

Mailing Address

**13857 WELLINGTON TRACE SUITE D-2
WELLINGTON FL 33414**

**13857 WELLINGTON TRACE SUITE D-2
WELLINGTON FL 33414**

3. Date Incorporated or Qualified

12/02/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2328 10th Ave., N.

26 2328 10th Ave., N.

4. FEI Number

65-0538060

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2C

27 2C

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 LAKE WORTH, FLORIDA

28 LAKE WORTH, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33461

25 PALM BEACH

29 33461

30 PALM BEACH

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

**CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUITE 211
PALM BEACH GARDENS FL 33418**

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

**D
NAME QUICK, JAMES R
STREET ADDRESS % 13857 WELLINGTON TRACE SUITE D-2
CITY-ST-ZIP WELLINGTON FL 33414**

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2328 10th Ave., N., Suite 2C

1.4 CITY-ST-ZIP

LAKE WORTH, Florida 33461

TITLE ☐ DELETE

**D
NAME BROWNING-HECHT, DEBRA
STREET ADDRESS % 13857 WELLINGTON TRACE SUITE D-2
CITY-ST-ZIP WELLINGTON FL**

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2328 10th Ave., N., Suite 2C

2.4 CITY-ST-ZIP

LAKE WORTH, Florida, 33461

TITLE ☐ DELETE

**D
NAME RODRIGUEZ, FRANK A
STREET ADDRESS % 13857 WELLINGTON TRACE SUITE D-2
CITY-ST-ZIP WELLINGTON FL 33414**

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

2328 10th Ave., N., Suite 2C

3.4 CITY-ST-ZIP

LAKE WORTH, Florida 33461

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Debra B. Hecht*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 **582-0250**
Date Daytime Phone #

CR2E037 (12/95)