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Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004297 (6)

1. Corporation Name

OUR COMMUNITY, OUR CHILDREN, INC.

Principal Place of Business

1916 PLEASANT DRIVE
NO. PALM BEACH FL 33408

Mailing Address

P O BOX 30848
PALM BEACH GARDENS FL 33420-0848
US3. Date Incorporated or Qualified
09/07/19953a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0608313Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORRESTER, KATHY
1916 PLEASANT DRIVE
NO. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

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

KATHY FORRESTER

(NOTE: Registered Agent signature required when reinstating)

1/27/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FORRESTER, KATHY
STREET ADDRESS 1916 PLEASANT DRIVE
CITY-ST-ZIP NO. PALM BEACH FL 33408TITLE D ☒ DELETE
NAME ARELIAN, CLOVER B
STREET ADDRESS C/O 1699 GO. FEDERAL HIGHWAY STE 3A
CITY-ST-ZIP BOCA RATON FL 33432TITLE D ☐ DELETE
NAME COMPIANI, FRANK
STREET ADDRESS C/O 1555 PALM BEACH LAKES BLVD. STE 1400
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE D ☒ DELETE
NAME POWERS, MARY L
STREET ADDRESS 38754 STATE ROAD 80
CITY-ST-ZIP BELLE GLADE FL 33490TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☒ Change ☐ Addition
2.2 NAME STEVE VOGELSANG
2.3 STREET ADDRESS 777 S. FLAGLER DR. SUITE 400E
2.4 CITY-ST-ZIP WPB, FL 334013.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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.

SIGNATURE:

Kathy Forrester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

Date

(561) 694-8385

Daytime Phone # 0041581

CP2E037 (9/96)