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Apr 27, 1999 8:00 am
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04-27-1999 90059 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004297

1. Corporation Name
OUR COMMUNITY, OUR CHILDREN, INC.

Principal Place of Business	Mailing Address
1918 PLEASANT DRIVE NO. PALM BEACH FL 33408	P O BOX 30848 PALM BEACH GARDENS FL 33420 US

2. Principal Place of Business
21 2400 GIRALDA CIR.
Suite, Apt. #, etc.
22 APT. 201
City & State
23 PALM BEACH GARDENS, FL
Zip 24 33410 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/07/1995
4. FEI Number
65-0608313
☐ 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

9. Name and Address of Current Registered Agent

FORRESTER, KATHY
2247 PALM BEACH LAKES BLVD
SUITE 236
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81 Name KATHY FORRESTER
82 Street Address (P.O. Box Number is Not Acceptable) 2400 GIRALDA CIRCLE EAST
83 APT 201
84 City PALM BEACH GARDENS FL 85 Zip Code 33410

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 1/5/99
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	D	☐ DELETE	1.1 TITLE	P/S	☐ Change ☐ Addition
NAME	FORRESTER, KATHY		1.2 NAME	KATHY FORRESTER	
STREET ADDRESS	1918 PLEASANT DRIVE		1.3 STREET ADDRESS	2400 GIRALDA CIR. E., APT 201	
CITY-ST-ZIP	NO. PALM BEACH FL 33408		1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	VOGELSANG, STEVE		2.2 NAME	SCUPP, SCOTT	
STREET ADDRESS	777 S. FLAGLER DR., SUITE 400E		2.3 STREET ADDRESS	205 N. DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	☐ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	COMPIANI, FRANK		3.2 NAME	COMPIANI, FRANK	
STREET ADDRESS	C/O 1555 PALM BEACH LAKES BLVD., STE 1400		3.3 STREET ADDRESS	1555 PALM BEACH LAKES BLVD. STE 1400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Kathy Forrester (VOLUNTEER) 1/5/99 561-622-4260x106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #