

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90059 028 ****70.00

DOCUMENT # N95000004730					
1. Entity Name CHRIST CHILD SOCIETY OF BOCA RATON, FLORIDA, INC.					
Principal Place of Business 541 NE 14TH ST. BOCA RATON, FL 33432 US			Mailing Address 541 NE 14TH ST. BOCA RATON, FL 33432 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 85-0543454				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Kaelin, Rosemary B 541 NE 14TH ST. BOCA RATON, FL 33432			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME BUCKLEY, PATRICIA <input checked="" type="checkbox"/> Delete		TITLE AP	NAME Eileen Maloney <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9112 VILLA PORTOFINO CIRCLE	CITY-ST-ZIP BOCA RATON, FL 33432		STREET ADDRESS 21445 Camarillo Dr.	CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE T	NAME Kaelin, Rosemary <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 541 NE 14TH ST.	CITY-ST-ZIP BOCA RATON, FL 33432		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VPD	NAME VINCI, TOM <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 700 S OCEAN BLVD., #1201	CITY-ST-ZIP BOCA RATON, FL 33432		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE AP	NAME MORIARITY, SHANNON <input checked="" type="checkbox"/> Delete		TITLE AP	NAME Agnes Gregory <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 99 SW 42TH TERR.	CITY-ST-ZIP BOCA RATON, FL 33486		STREET ADDRESS 394 S. Magnolia Dr.	CITY-ST-ZIP BOCA RATON, FL 33432	
TITLE RS	NAME BAUMANN, LILLIAN <input type="checkbox"/> Delete		TITLE AP	NAME Annette Phelps <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 12311 FOREST GREENS DR.	CITY-ST-ZIP BOCA RATON, FL 33433		STREET ADDRESS 780 Elm Tree Lane	CITY-ST-ZIP BOCA RATON, FL 33486	
TITLE CS	NAME CUNNINGHAM, BEVERLY <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2196 W MAYA PALM DR.	CITY-ST-ZIP BOCA RATON, FL 33432		STREET ADDRESS 	CITY-ST-ZIP 	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Rosemary B. Kaelin</i> ROSEMARY B. KAELIN 4/11/05 (561) 391-0861					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					