


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004730</b>	
1. Entity Name <b>CHRIST CHILD SOCIETY OF BOCA RATON, FLORIDA, INC.</b>	

Principal Place of Business <b>541 NE 14TH ST. BOCA RATON, FL 33432 US</b>	Mailing Address <b>541 NE 14TH ST. BOCA RATON, FL 33432 US</b>
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**DO NOT WRITE IN THIS SPACE**

02242007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>85-0543454</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KAELIN, ROSEMARY B  
541 NE 14TH ST.  
BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000659016 03/16/07-80014-007 70.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>AGNES, GREGORY</b>
STREET ADDRESS <b>394 S MAYA PALM DR</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>
TITLE <b>T</b>	NAME <b>KAELIN, ROSEMARY</b>
STREET ADDRESS <b>541 NE 14TH ST.</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>
TITLE <b>D</b>	NAME <b>VINCI, TOM</b>
STREET ADDRESS <b>700 S OCEAN BLVD 1201</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>
TITLE <b>RS</b>	NAME <b>BAUMANN, LILLIAN</b>
STREET ADDRESS <b>12311 FOREST GREENS DR.</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>
TITLE <b>VPD</b>	NAME <b>WILZMAN, ROSEMARY</b>
STREET ADDRESS <b>333 N OCEAN BLVD 1604</b>	CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33441</b>
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Rosemary B. Kaelin, Treasurer 3/5/07 (561) 391-0861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #