

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

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**



04032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
85-0543454

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

1000000884170
04/17/08-20033-008 70.00

10. OFFICERS AND DIRECTORS

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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08
Date

(561) 391-0861
Daytime Phone #