FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N95000005171 (2) DOCUMENT #

EARTH'S CHILDREN FOUNDATION, INC.

EARTH'S CHILDREN FOUND/	ATION, INC.			
Principal Place of Business	Mailing Address			
14326 NOTTINGHAM TRAIL HUDSON FL 34669	14326 NOTTINGHAM TRAIL HUDSON FL 34669			
		Date Incorporated or Qualified 11/01/1995 3a. Date of Last Report		
	2a. Mailing Address	4. FEI Number Applied For		
2. Principal Place of Business	h-m	59 - 3348019 Not Applical		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired See Required Fee Required		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country	Zip Country 29 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24 25	Current Registered Agent	10. Name and Address of New Registered Agent		
9. Name and Address of	B1 Name			
GRIFFIN SLISAN R	82 Stree	t Address (P.O. Box Number is Not Acceptable)		

GRIFFIN, SUSAN R 14326 NOTTINGHAM TRAIL HUDSON FL 34669

H0D3014 FE 34009		85 Zio Code
. [8	84	City E1 85 Zip Code
	,,	this statement for the nursose of changing its registered office
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above or registered agent, or both, in the State of Florida, Such change was authorized by the co	/0:1 0:0	named corporation submits this statement for the purposes of a segistered agent. I am portion's board of directors. I hereby accept the appointment as registered agent. I am
or registered agent, or both, in the State of Florida. Such change was authorized by the state of Florida. Such change was authorized by the state of Florida. Such change was authorized by the state of Florida. Such change was authorized by the state of Florida. Such change was authorized by the state of Florida. Such change was authorized by the state of Florida. Such change was authorized by the state of Florida. Such change was authorized by the state of Florida.	VIΡ	

83

SIGNATURE	- ALOTE	Registered Agent signature requ	uired when reinstating) DATE	
	Signature, typed or printed harrie or registered agent and the	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
12.	OFFICERS AND DIRECTORS	1.1 TITLE	Change	Addition
TITLE	President D DELETE Susun R. Griffin Trail 14326 Nothingham Trail	1.2 NAME		•
NAME	Susun R. Grittin Trail			
STREET ADDRESS	14326 Nothingham	1.3 STREET ADDRESS		
CITY-S1-ZIP	Hudson, FL 34669	1.4 CITY-ST-ZIP	☐ Change	Addition
TITLE	DELETE	2.1 TITLE		
NAME	Susamuch & Griffin	2 2 NAME		
	Line Landon Toxid	2.3 STREET ADDRESS		
STREET ADDRESS	11 1 2 10 10 10 10 10 10 10 10 10 10 10 10 10	2 4 CITY-ST-ZIP	☐ Change	Addition
CITY-ST-ZIP	Hudson, 8/ 34684 DOELETE	3.1 TITLE	Change	
RILLE	Treasurer blue	3.2 NAME		
NAME	Treasurer Deubler Diane & Deubler Diane & Deubler Diane & Deubler Diane & Taylor	3.3 STREET ADDRESS	1. F - 1. F	
STREET ADDRESS	15/01 SAMAY ILL	3.4. CITY - ST-ZIP		F3 4 1400-
CITY-ST-ZIP	St Petiens burg F/ 337/3	4.1 TITLE	☐ Change	Addition
TITLE	/	4. 2 NAME		
NAME				
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP	Change	☐ Addition
TITLE	DELETE	5.1 TITLE		
NAME		5.2 NAME		
		5.3 STREET ADDRESS		
STREET ADDRES	3	5.4 CITY - ST-ZIP	000001700640 <u>.</u>	Addition
CITY-ST-ZIP	DELETE	6.1 TITLE	-04/22/9601036011	CT MOUNDIN
TITLE		62 NAME	***61.25	
NAME		6.3 STREET ADDRESS		

STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute 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 gazay as if cath; 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6.4 CITY-ST-ZIP

SIGNATURE: DR DIRECTOR