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Mar 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001764 (7)

1. Corporation Name

THE CHILDREN'S INITIATIVE, INC.



Principal Place of Business

Mailing Address

EXECUTIVE OFFICE OF THE GOVERNOR, ROOM 209
THE CAPITOL
TALLAHASSEE FL 32399-0001EXECUTIVE OFFICE OF THE GOVERNOR, ROOM 209
THE CAPITOL
TALLAHASSEE FL 323993. Date Incorporated or Qualified
04/02/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Children's Initiative, Inc.

22 Room 210
City & State27 P.O. Box 166
City & State

23

28 Tallahassee, FL

Zip

Country

Zip

Country

24

25

29

32302-0066

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANCHORS, MICHELLE
EXECUTIVE OFFICE OF THE GOVERNOR, ROOM 209
THE CAPITOL
TALLAHASSEE FL 32399-0001

81 Name

Mary E. Bryant

82 Street Address (P.O. Box Number is Not Acceptable)

Executive Office of the Governor

83

210 The Capitol

84

Tallahassee

FL

85 Zip Code

32399-0001

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

Mary E. Bryant

Mary E. Bryant

March 10, 1997

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 CHILES, LAWTON
NAME
STREET ADDRESS THE CAPITOL
CITY-ST-ZIP TALLAHASSEE FL 32399-00011.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D CHILES, RHEA
NAME
STREET ADDRESS THE CAPITOL
CITY-ST-ZIP TALLAHASSEE FL 32399-00012.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D SHELLEY, LINDA LOOMIS
NAME
STREET ADDRESS THE CAPITOL
CITY-ST-ZIP TALLAHASSEE FL 32399-00013.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Linda Loomis Shelley

Linda Loomis Shelley

March 17, 1997

904-488-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077487

CP2E037 (9/96)