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FILED
Jul 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001950 (2)**
1. Corporation Name

CAIRN CURRAN CHILDREN'S FUND, INC.

Principal Place of Business

Mailing Address

**10840 S.W. 166TH TERACE
MIAMI FL 33157**

**10840 S.W. 166TH TERACE
MIAMI FL 33157**

3. Date Incorporated or Qualified
04/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

Applied For

65-0667785

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **Pres** **ARTHAUR YOUNG** ☐ DELETE
NAME
STREET ADDRESS **10840 S.W. 166TH TERACE**
CITY-ST-ZIP **MIAMI FL 33157, President**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **Vice President** ☐ DELETE
NAME **BASIL BROUNT**
STREET ADDRESS **1006 N 20TH ST AVE**
CITY-ST-ZIP **HOLLYWOOD, Fla. 33021**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **Sec.** **Linda Smith** ☐ DELETE
NAME
STREET ADDRESS **11114 S.W. 157 TERR.**
CITY-ST-ZIP **MIAMI, Fla 33157**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **Tre** **Joyce Young** ☐ DELETE
NAME
STREET ADDRESS **10840 S.W. 166TH TERACE**
CITY-ST-ZIP **MIAMI FL 33157**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** **Robert Cooke** ☐ DELETE
NAME
STREET ADDRESS **10730 S.W. 166TH TER.**
CITY-ST-ZIP **MIAMI Fla 33157**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **T** **Radford Williams** ☐ DELETE
NAME
STREET ADDRESS **11408 S.W. 148 ST.**
CITY-ST-ZIP **MIAMI Fla 33176**

6.1 TITLE ☐ Change ☐ Addition
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.

CR2E037 (9/96)