## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N96000003603 (5)

THE CHILD SEARCH NEWSPAPER, INC.

Principal Place of Business Mailing Address						n induisal sis seide divid blita blite skill delili delili delili delili delili	n hodarian sur veine duni aduli dalih drine salih dalib dunih dunih dalib dilih dali		
13151 SE 127TH PLACE P.O. BOX 1221 DUNNELLON FL 34431 BRONSON FL 32621						DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
	a a	and the second				3. Date Incorporated or Qualified 3a. Date of Last 07/09/1996 7-9.			
					-1		Applied For Not Applicable		
Suite, Apt.			Suite, Apt. #, etc.			L.B. Ceruticate of Status Desired L.E.	Additional Required		
City & Stat	nellon	FL.	city & State 28 Bronson	FI	<u>ر</u>		0 May Be d to Fees		
24 34 Y	3 25	Leuy		Count	UY	This corporation owes or has paid the current year Personal Properly Tax due June 30.  Yes	ntangible Mo		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
WENDROFF, MARVIN 13151 SE 127TH PLACE DUNNELLON FL 34431				8 8	2 Street	SG_M & 1 Address (P.O. Box Number is Not Acceptable)	D Code		
					1	FL   T			
11. Pursuant to the provisions of Sections 617.0502 and 647.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes  SIGNATURE  11. Pursuant to the provisions of Sections 617.0502 and 647.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes  SIGNATURE									
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 DIRECTO			
TITLE			DELETE	1.1 TITLE		Director Change	Addition		
NAME				1.2 NAM		Dian Wendroff	-		
STREET ADDRESS				1.3 STRE	ET ADDRESS				
CITY-ST-ZIP				1.4 CITY	ST-ZIP	Dunne 1102, F1 34431			
TITLE			DELETE	2.1 TITLE		Darren Wendroff Change	Addition		
NAME				2.2 NAMI			ļ		
STREET ADDRESS				2.3 STRE	et address	3535 NW 86th Way			

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

DELETE

☐ DELETE

CITY-ST-ZIP 14. I do hereby certify that the information indicated on this annual I am an officer or director of the corpappears in Block 12 or Block 13 if the h supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the region or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that so the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

Change

Change

C-Addition

Addition

Addition

Addition

**FILED** 

Aug 14 1997 8:00am

Secretary of State