

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90161 022 \*\*\*\*61.25

**DOCUMENT # N96000003743**

1. Entity Name

**CHERISH THE CHILDREN FOUNDATION, INC.**



Principal Place of Business

**714 N. FT. HARRISON AVE  
CLEARWATER FL 33755**

Mailing Address

**714 N. FT. HARRISON AVE  
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3411071**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, PATTI  
714 N. FT. HARRISON AVE  
CLEARWATER FL 33755**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **KUGLER, BEN**  
STREET ADDRESS **2852 CHELSEA PL S**  
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **VD** ☒ Change ☐ Addition  
NAME **BEN KUGLER**  
STREET ADDRESS **2852 CHELSEA PL S.**  
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **VD** ☐ Delete  
NAME **FRIEDMAN, MARSHA**  
STREET ADDRESS **200 DOLPHIN POINT #202**  
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **PD** ☒ Change ☐ Addition  
NAME **MARSHA FRIEDMAN**  
STREET ADDRESS **200 DOLPHIN POINT #202**  
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **ST** ☐ Delete  
NAME **BROWN, PATTI**  
STREET ADDRESS **3037 EGRET TERRACE**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **ST-D** ☐ Change ☐ Addition  
NAME **PATTI BROWN**  
STREET ADDRESS **303 PONCE DELEON BLVD**  
CITY-ST-ZIP **BELLEAIR, FL 33756**

TITLE **D** ☒ Delete  
NAME **BURGHORN, JIM**  
STREET ADDRESS **12410 CHICKASAW TRAIL**  
CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **LORCH, LINDA**  
STREET ADDRESS **311 JEFFERSON AVE.**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **VD** ☒ Change ☐ Addition  
NAME **LINDA LORCH**  
STREET ADDRESS **311 JEFFERSON AVE**  
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **KAREN GULLETTE**  
STREET ADDRESS **505 N. JEFFERSON AVE**  
CITY-ST-ZIP **CLEARWATER, FL 33755**

12. I 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 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:

*PATTI J. BROWN* **PATTI J. BROWN 4/21/2003 (727) 442-3717**

CR2E037 (10/02)

*Attachment*

CHERISH THE CHILDREN FOUNDATION, INC.  
714 N. Fort Harrison Avenue  
Clearwater, FL 33755

FEIN: 59-3411071

DOCUMENT #: N96000003743

70647703

UNIFORM BUSINESS REPORT  
ATTACHEMENT #1

Block #11 – Additional:

Addition: (D)irector  
Judith Kugler  
2852 Chelsea PL S  
Clearwater, FL 33759

Addition: (D)irector  
Sheryl Schaffner  
36 Windward Island  
Clearwater, FL 33767