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FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004373 (4)

1. Corporation Name

CHILDREN IN NEED SOCIETY, INC.



Principal Place of Business

Mailing Address

C/O CONSTANCE CIROCCO
2430 NW 107 AVE
CORAL SPRINGS FL 33065C/O CONSTANCE CIROCCO
2430 NW 107 AVE
CORAL SPRINGS FL 33065-36153. Date Incorporated or Qualified
08/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2430 N.W. 107 AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 CORAL SPRINGS FL

28

Zip

Country

Zip

Country

24 33065

25

U.S.A

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIROCCO, CONSTANCE
2430 NW 107 AVE
CORAL SPRINGS FL 33065

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	PRESIDENT	<input type="checkbox"/> DELETE
NAME	CONSTANCE CIROCCO	
STREET ADDRESS	2430 NW 107 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CONSTANCE CIROCCO	
1.3 STREET ADDRESS	2430 N.W. 107 AVE	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	

TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	DOLANES LORENZO	
STREET ADDRESS	12364 S.W. 1ST ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-8057	

2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOLANES LORENZO	
2.3 STREET ADDRESS	12364 S.W. 1ST ST	
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071-8057	

TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	GENEVUE LEWIS	
STREET ADDRESS	2460 N.W. 108th	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GENEVUE LEWIS	
3.3 STREET ADDRESS	2460 N.W. 108th	
3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone # 0022245

CR2E037 (9/96)