


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90291 026 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000004681</b>					
1. Corporation Name <b>CHILDREN'S COALITION FOR CHANGE, INC.</b>					
Principal Place of Business <b>888 BLVD OF THE ARTS #1203</b> <b>SARASOTA FL 34236</b> <b>US</b>			Mailing Address <b>888 BLVD OF THE ARTS #1203</b> <b>SARASOTA FL 34236</b> <b>US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/05/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0817516	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MUORIE, IDA R 888 BOULEVARD OF THE ARTS, #1203 SARASOTA FL 34236				81 Name <b>MUORIE, IDA R</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>888 Blvd of the Arts #1203</b> 83 <b>SARASOTA</b> 84 City <b>SARASOTA</b> FL 85 Zip Code <b>34236</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUORIE, IDA R	1.2 NAME	MUORIE, IDA R
STREET ADDRESS	888 BOULEVARD OF THE ARTS, #1203	1.3 STREET ADDRESS	888 BLVD OF THE ARTS #1203
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DV	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HELEN A DR.	2.2 NAME	DAVIS, HELEN A DR.
STREET ADDRESS	888 BOULEVARD OF THE ARTS, #1203	2.3 STREET ADDRESS	888 BLVD OF THE ARTS #1203
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT ROLAND	3.2 NAME	WILLIAMS, ROBERT ROLAND
STREET ADDRESS	888 BOULEVARD OF THE ARTS, #1203	3.3 STREET ADDRESS	888 BLVD OF THE ARTS #1203
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D - EXEC. DIRECTOR	4.1 TITLE	D - EXEC. DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUREEN WELLS	4.2 NAME	MAUREEN WELLS
STREET ADDRESS	888 BLVD OF THE ARTS #1203	4.3 STREET ADDRESS	888 BLVD OF THE ARTS #1203
CITY-ST-ZIP	SARASOTA, FL 34236	4.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OFELIA SAN PEDRO	5.2 NAME	OFELIA SAN PEDRO
STREET ADDRESS	888 BLVD OF THE ARTS #1203	5.3 STREET ADDRESS	888 BLVD OF THE ARTS #1203
CITY-ST-ZIP	SARASOTA, FL 34236	5.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLENA ELLIOT	6.2 NAME	MARLENA ELLIOT
STREET ADDRESS	888 BLVD OF THE ARTS #1203	6.3 STREET ADDRESS	888 BLVD OF THE ARTS #1203
CITY-ST-ZIP	SARASOTA, FL 34236	6.4 CITY-ST-ZIP	SARASOTA, FL 34236

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/14/99 DAYTIME PHONE: 941-554-4402

CR2E037-11/98