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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001113

1. Corporation Name

COMMUNITIES HELPING CHILDREN FOUNDATION, INC

Principal Place of Business

8150 WEST MCNAB ROAD #321
TAMARAC FL 33321

Mailing Address

8150 WEST MCNAB ROAD #321
TAMARAC FL 33321



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/27/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0738797	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

ROCKOFF, PATRICIA
8150 WEST MCNAB ROAD #321
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81	Name	Mildred Rockoff
82	Street Address (P.O. Box Number is Not Acceptable)	8150 W. McNab Rd
83		Tamarae
84	City	Florida FL
85	Zip Code	33321

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: *Mildred Rockoff* 1/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ROCKOFF, PATRICIA	1.2 NAME	Mildred Rockoff
STREET ADDRESS	8150 WEST MCNAB ROAD #321	1.3 STREET ADDRESS	8150 W. McNab Rd
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	Tamarae, FL 33321
TITLE	TD	2.1 TITLE	TD - JACK OFFENBERG
NAME	ROCKOFF, MILDRED	2.2 NAME	8150 W. McNab Rd
STREET ADDRESS	8150 WEST MCNAB ROAD #321	2.3 STREET ADDRESS	Tamarae, FL 33321
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	Tamarae, FL 33321
TITLE	D	3.1 TITLE	D HELEN REISS
NAME	OFFENBERG, JACK	3.2 NAME	1104 N.W. 88thway
STREET ADDRESS	8150 WEST MCNAB RD #321	3.3 STREET ADDRESS	Plantation, FL 33322
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Mildred Rockoff* 1/9/99 954-722-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)