NONPROFIT CORPORATION ANNUAL REPORT

1999



FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	N97000001922
	1401000010

1. Corporation Name

RACHEL'S CHILDREN INTERNATIONAL, INC.

Prin	cipal	Plac	e of	Busi	ness
727	DVM/	ากก	פח	ME	

Mailing Address

04-20-1999 90125 038 ****70.00

PALM BAY FL		PALM BAY FL 32905						
2 0	I and Division on	2n Mailing Address			Date Incorporated or Qualifed			
	lace of Business	2a. Mailing Address			04/04/1997			
Suite, Apt.	# ota	26 Suite, Apt. #, etc			4. FEI Number	_	- App	lied For
22	my, order (and a second and a second	27	-	F	59-3439281	-		Applicable
City & Stat	е	City & State			5. Certifcate of Status Desired	1	\$8.75 Ac	iditional
23	Country	28	Country		6. Election Campaign Financing	<u>-</u>	:	
Zip	Country		Zip . Country			S5.00 May Be Added to Fees		
24	9. Name and Address of Current		01		Trust Fund Contribution 10. Name and Address of New R	egistered /		1000
	3. Name and Address of Current	r registered Agont	81	Name				
	RUSSELL M		82	Street Add	ress (P.O. Box Number is Not Accepta	bie)		
	OOD DR NE		83					
	/ FL 32905	, , , , e.,					11	
10 J. A.			84	City	•	FL	85 Zip Co	ode
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	, the above	s-named corp	poration submits this statement for the on's board of directors. I hereby accept		changing its regi	egistered stered
office or r agent. I a	egistered agent, or both, in the State omegation in the State of the s	or Flonda. Such change was auti ions of, Section 617.0503, Florid	nonzed by la Statutes	tne corporati ·	on's board of directors. I hereby accep	t tile appoi	ionon as rog	3.0100
SIGNATURE				•				
	Signature, typed or printed name of registered agent		_	nt signature require	ed when reinstating)	DATE	D DIDECTOR	20 11 42
12.	OFFICERS AN	The state of the s	13.		ADDITIONS/CHANGES TO OF	-ICERS AN		
TITLE	DP	C DELETE	1.1 TITLE				Change	☐ Addition
NAME	THOMAS, JANE E		1.2 NAME				٠.	
STREET ADDRESS	737 BYWOOD DR NE		1.3 STREET	TADDRESS				
CITY-ST-ZIP	PALM BAY FL 32905		1.4 CITY-S	T-ZIP				
TITLE	DV	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	THOMAS, RUSSELL M		2.2 NAME					}
STREET ADDRESS	737 BYWOOD DR NE		.2.3 STREET	TADDRESS	The second of the second of			
CITY-ST-ZIP	PALM BAY FL 32905		2. 4 CITY-S	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE				Change	Addition
NAME	GOLDBERG, HEDWIG		3.2 NAME				•	. 1
STREET ADDRESS	280 COWNIE AVE SE		3.3 STREET	TADDRESS			•	
CITY-ST-ZIP	PALM BAY FL 32907		3.4. CITY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	Ì		4. 2 NAME					1
STREET ADDRESS			4.3 STREET	T ADDRESS	•			
CITY-ST-ZIP		·	4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	·		5.2 NAME					
STREET ADDRESS			5.3 STREET	TAODRESS				
CITY-ST-ZIP	ı ·		5.4 CITY-S	T-ZIP				ļ
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME	•		6.2 NAME		•		•	1
STREET ADDRESS			6.3 STREET	TADDRESS				
			T					

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 of on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: