

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90186 043 ****61.25

DOCUMENT # N97000002407

1. Entity Name



**CHILDREN'S BENEVOLENT ASSOCIATION OF SOUTH
FLORIDA, INC.**

Principal Place of Business

417 EAST SHERIDAN ST.
SUITE 171
DANIA FL 33004

Mailing Address

417 EAST SHERIDAN ST.
SUITE 171
DANIA FL 33004

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4200 Hillcrest Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1008

City & State

City & State
Hollywood, FL

Zip

Country

Zip
33021

Country
USA

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0766867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, MARY
855 N NORTH LAKE DR
HOLLYWOOD FL 33019

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
Due By May 1, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MURRAY, MARY	
STREET ADDRESS	855 N NORTHLAKE DR	
CITY-ST-ZIP	HOLLYWOOD FL 33019-1111	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHADWICK, ALEXANDER K	
STREET ADDRESS	410 S.E. 14TH STREET	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Alexandra K Shadwick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4200 Hillcrest Dr #1008	
STREET ADDRESS	Hollywood, FL 33021	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Alexandra K Shadwick

4/16/07

954-931-3028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #