

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90014 015 ****70.00

DOCUMENT # N97000002971

1. Entity Name
CHILDREN OF THE WORLD, INC.



Principal Place of Business
5499 SW 82ND AVE
DAVIE, FL 33328

Mailing Address
9720 PINES BLVD
PEMBROKE PINES, FL 33328

2. Principal Place of Business
5499 S.W. 82 Ave
Suite, Apt. #, etc.

3. Mailing Address
5531 S.W. 82 Ave
Suite, Apt. #, etc.



08192005 Chg-NP CR2E037 (10/03)

City & State
Davie FL

City & State
Davie FL

4. FEI Number
65-0863271

Applied For
Not Applicable

Zip
33328

Country
Br Co. USA

Zip
33328

Country
Br Co. USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUBANI, CAROL
5531 SW 82ND AVE
DAVIE, FL 33328

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by September 7, 2005

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 PD ☐ Delete
NAME BUBANI, CAROL
STREET ADDRESS 5531 SW 82ND AVE
CITY-ST-ZIP DAVIE, FL 33328

TITLE VPD ☐ Delete
NAME KILLIAN, ROSINA
STREET ADDRESS 5531 SW 82ND AVE
CITY-ST-ZIP DAVIE, FL 33328

TITLE STD ☐ Delete
NAME KILLIAN, MICHAEL
STREET ADDRESS 5531 SW 82ND AVE
CITY-ST-ZIP DAVIE, FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Carol Bubani - Carol Bubani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 30 05 # 680-2871

Date

Daytime Phone #