

SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003519 (2)

1. Corporation Name

CHILDREN'S EDUCATIONAL FOUNDATION INC.

Principal Place of Business

Mailing Address

19924 KINGFISHER LANE
LOXAHATCHEE FL 33470

19924 KINGFISHER LANE
LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified

06/18/1997

4. FEI Number

65-0752590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

H/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUCE, JOHN B
19924 KINGFISHER LANE
LOXAHATCHEE FL 33470

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME BRUCE, JOHN B
STREET ADDRESS 19924 KINGFISHER LANE
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ DELETE

1.1 TITLE DIRECTOR
1.2 NAME ERROL HANSON
1.3 STREET ADDRESS 4076 OLD STILL LANE
1.4 CITY-ST-ZIP WESTON, FL 33331

☐ Change

☒ Addition

TITLE DIRECTOR
NAME DR. WAYNE FRAZER
STREET ADDRESS 10716 XW 111E STREET
CITY-ST-ZIP REMANDOK PINES, FL 33026

☐ DELETE

2.1 TITLE DIRECTOR
2.2 NAME WINSTON JONES
2.3 STREET ADDRESS 23 WEIR STREET
2.4 CITY-ST-ZIP HEMPSTEAD, NY 11520

☐ Change

☒ Addition

TITLE TREASURER
NAME LOUITA LEWIS
STREET ADDRESS 9021 SW 54TH STREET
CITY-ST-ZIP COOPER CITY FL 33328

☐ DELETE

3.1 TITLE DIRECTOR
3.2 NAME CARL CHANG
3.3 STREET ADDRESS BRIDGE STREET, BRIDGE PLAZA
3.4 CITY-ST-ZIP BLACK RIVER, ST ELIZABETH, JAMAICA W.I.

☐ Change

☐ Addition

TITLE SECRETARY
NAME TERRY BRUCE
STREET ADDRESS 19924 KINGFISHER LANE
CITY-ST-ZIP LOXAHATCHEE, FL 33470

☐ DELETE

4.1 TITLE DIRECTOR
4.2 NAME BERRIS ANDERSON
4.3 STREET ADDRESS 15600 NE 14 AVE
4.4 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

☐ Change

☒ Addition

TITLE DIRECTOR
NAME WINSOME CHARLTON
STREET ADDRESS 6360 SW 41 STREET
CITY-ST-ZIP DAVIE FL 33314

☐ DELETE

5.1 TITLE DIRECTOR
5.2 NAME LLOYD POWELL
5.3 STREET ADDRESS 8245 NW 34TH AVE
5.4 CITY-ST-ZIP MIAMI FL 33147

☐ Change

☒ Addition

TITLE DIRECTOR
NAME ERIC ALLEN
STREET ADDRESS 17727 NW 62 PL
CITY-ST-ZIP MIAMI FL 33014

☐ DELETE

6.1 TITLE DIRECTOR
6.2 NAME ERWIN BRUCE
6.3 STREET ADDRESS 19145 NW 12TH AVE
6.4 CITY-ST-ZIP MIAMI FL 33169

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN BRUCE

8-18-98

(561) 795-9603

CR2E037 (5/98)