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FILED
Apr 30 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 # **N97000003520 (0)**

1. Corporation Name

CHERISH THE CHILD, INC.

Principal Place of Business

Mailing Address

**1025 10TH STREET
ST. CLOUD FL 34789**

**1025 10TH STREET
ST. CLOUD FL 34789**

3. Date Incorporated or Qualified

06/18/1997

4. FEI Number

59-3458783

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RADER, SHERILYNNE P
1025 10TH STREET
ST. CLOUD FL 34789**

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
RADER, SHERILYNNE P
1025 10TH STREET
ST. CLOUD FL 34789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MCKOWN, DEBORAH W REV
4506 LAKE TRUDY DRIVE
ST. CLOUD FL 34789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MCKOWN, FRANK REV
4506 LAKE TRUDY DRIVE
ST. CLOUD FL 34789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
OLIVERIO, LINDA
2066 LIVE OAK BOULEVARD
ST. CLOUD FL 34771**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SCHMIDT, JEANETTE
1106 CAROLINA AVENUE
ST. CLOUD FL 34789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
YOUNG, MARY K
130 BOLIVAR STREET
CHATTAHOOCHEE FL 32324**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**C
1050 Kelly St.
St. Cloud, FL. 34771**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☒ Change ☐ Addition

**103 Park St.
Green Cove Springs, FL 32043**

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

Sherilynne P. Rader

4-21-98

407-891-1244

CR2E037 (1097)