

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003520

1. Entity Name

CHERISH THE CHILD, INC.

Principal Place of Business

1050 KELLY STREET
ST. CLOUD FL 34771

Mailing Address

PO BOX 701328
ST CLOUD FL 34770-1328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RADER, SHERILYNNE P
1025 10TH STREET
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name

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

1050 Kelly St.
City St. Cloud

FL

Zip Code

34771

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PM	RADER, SHERILYNNE P	1050 KELLY ST	ST. CLOUD FL 34771	<input type="checkbox"/>
CD	MAYO, WILLIAM J	5871 CURRY FORD RD	ORLANDO FL 32822	<input type="checkbox"/>
D	MAYO, LAUREL A	4050 VIA RIO AVE	OCEANSIDE CA 92056	<input type="checkbox"/>
TD	TIEZ, VALERIE J	4825 OAKWOOD CT	SAINT CLOUD FL 34772	<input type="checkbox"/>
SD	MAYO, THERESA	5871 CURRY FORD ROAD	ORLANDO FL 32822	<input type="checkbox"/>
DV	YOUNG, MARY K	103 PARK ST	GREEN COVE SPRINGS FL 32043	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 address with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherilynne P. Rader

Director 4-29-02 407-891-

Date

Daytime Phone #

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90052 016 ****70.00

402135



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3458783

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E037 (9/01)