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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9700005932 (5)

CHANGING KIDS DIRECTIONS, INC.

FILED Mar 19 1998 8:00am Secretary of State

19 W. FLAGLER ST., STE. 920 BISCAYNE BLDG. MAMI FL 33130 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-nam office or registered agent, or both, in the State of Florida. Such change was authorized by the cagent. 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 aignative.) 12. OFFICERS AND DIRECTORS 13. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE STREET ADDRESS CITY-ST-ZIP 22 NAME 23 STREET ADDRESS CITY-ST-ZIP 24 City City STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIR 25 STREET ADDRESS CITY-ST-ZIP 26 CITY-ST-ZIR 27 STREET ADDRESS CITY-ST-ZIP	et Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
FT. MYERS FL 33908 FT. MYERS FL 33908 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Country 3. State 3. Street Agent 4. City 5. City & State 4. City 5. City & State 6. City	10/21/1997 4. FEI Number 65-0786405 Not Applied For Not Applicable 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Fee Required Trust Fund Contribution 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 10. Name and Address of New Registered Agent ne et Address (P.O. Box Number is Not Acceptable)
21	5. Certificate of Status Desired
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Sulte, Apt. #, etc. 22 City & State 23 Zip Country Zip Country Zip Country Zip Country 30 9. Name and Address of Current Registered Agent WEINSTEIN, ALVIN 19 W. FLAGLER ST., STE. 920 BISCAYNE BLDG. MAMI FL 33130 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-nam office or registered agent, or both, in the State of Florida. Such change was authorized by the cagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 24. CITY-ST-ZIP 25. Country 25. Zity & State 26. City & State 27. Country 26. Zity & State 27. Country 27. Zity & State 28. City & State 28. City & State 28. City & State 28. City & State 29. Street 20. City & State 20. Country 20. Country 20. Street 20. City & State 20. Country 20. Street 21. Title 22. NAME 23. STREET ADDRESS CITY-ST-ZIP 24. City-ST-ZIP 25. City & State 26. City & State 27. City & State 28. City & State 29. City & State 20. City & State 20. City & State 21. Title 22. NAME 23. STREET ADDRESS CITY-ST-ZIP 24. City - ST-ZIP 25. City & State 26. City - ST-ZIP 27. City & State 28. City & State 29. City & State 29. City & State 29. City & State 20. City & State 20. City & State 20. City & State 21. Title 22. NAME 23. STREET ADDRESS CITY-ST-ZIP 24. City - ST-ZIP 25. City & State 26. City - ST-ZIP 27. City & State 28. City - ST-ZIP 28. City - ST-ZIP 29. City - ST-ZIP 20. City - ST-ZIP 20. City - ST-ZIP 20. City - ST-ZIP 20. City - ST-ZIP 21. City - ST-ZIP 22. NAME 23. STREET ADDRESS CITY-ST-ZIP 24. City - ST-ZIP 25. City - ST-ZIP 26. City - ST-ZIP 27. City - ST-ZIP 28. City - ST-ZIP 28. City - ST-ZIP 29. City - ST-ZIP 20. City - ST-ZIP 20. City - ST-ZIP 20. City - ST-ZIP 20. City & ST-ZIP 20. City - ST-ZIP 21. City & Country 24. City - ST-ZIP 25. City & ST-ZIP 26. City & ST-ZIP 27. City & ST-ZIP 28.	Election Campaign Financing Trust Fund Contribution Added to Fees Is this nonprofit corporation a homeownere association? Yes No This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Name and Address of New Registered Agent ne et Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature) 12. OFFICERS AND DIRECTORS 13. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.2 NAME 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIR 2.4 CITY-ST-ZIR	orporation's board of directors. I hereby accept the appointment as registered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption standard on this angual report of supplemental angual report is true and accurate and that my	
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRES CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE	☐ Change ☐ Addition .

I hereby certify that the information supplied with this lilling does not quality 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 attackment with an address.

SIGNATURE:

Udlian hil William JIN New

3/2/98

941-433-3307