

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 A.
Secretary of State

DOCUMENT # N97000006130

1. Entity Name
**INTERNATIONAL CHILDREN'S RIGHTS FOUNDATION,
INC.**



Principal Place of Business
**1668 N HERCULES AVE
UNIT E
CLEARWATER, FL 33765**

Mailing Address
**601 JEFFERSON DAVIS HWY.
SUITE 201
FREDERICKSBURG, VA 22401**



03252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3473271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DRAKEFORD & DRAKEFORD, P.A.
1668 N HERCULES AVE
UNIT E
CLEARWATER, FL 33765**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000881630
04/16/08-80008-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
DRAKEFORD, WALTER H.C.
14241 60TH STREET NORTH
CLEARWATER, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
MONAHAN, THOMAS
601 JEFFERSON DAVIS HWY., SUITE 201
FREDERICKSBURG, VA 22401**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
KAPANIA, OLGA
14241 60TH STREET NORTH
CLEARWATER, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER DRAKEFORD

Date

4-1-08

Daytime Phone #