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03-04-1999 90218 003 ****66.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000001315

1. Corporation Name

THE CHILDREN'S MOVEMENT, INC.

Principal Place of Business

614 MAIN ST
 DAYTONA BEACH FL 32118

Mailing Address

PO BOX 11223
 DAYTONA BEACH FL 32120



2. Principal Place of Business

21 **11 N. PENINSULA DR.**

2a. Mailing Address

26 **11 N. PENINSULA DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **DAYTONA BEACH FL.**

City & State

28 **DAYTONA BEACH FL.**

Zip Country

24 **32118** 25 **US**

Zip Country

29 **32118** 30 **US**

3. Date Incorporated or Qualified

03/06/1998

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

NO **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☒ **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MITCHELL, JEROME D ESQ.
400 S PALMETTO AVE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

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

TITLE **PD** ☒ DELETE
 NAME **AFFOURTIT, ROBERT L**
 STREET ADDRESS **PO BOX 11223 N/A**
 CITY-ST-ZIP **DAYTONA BEACH FL 32120**

TITLE **VD** ☒ DELETE
 NAME **MORGAN, DAVID**
 STREET ADDRESS **457 S RIDGEWOOD AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **TSD** ☐ DELETE
 NAME **MENENDEZ MIX, ARLENE**
 STREET ADDRESS **100 E WASHINGTON ST**
 CITY-ST-ZIP **PIERSON FL 32180**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
 1.2 NAME **AFFOURTIT, ROBERT L.**
 1.3 STREET ADDRESS **1727 PINE AVE.**
 1.4 CITY-ST-ZIP **DELAND FL. 32924**

2.1 TITLE **VD** ☒ Change ☐ Addition
 2.2 NAME **UMLAND, JOEANN**
 2.3 STREET ADDRESS **11 N. PENINSULA DR**
 2.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

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

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

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

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

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, with all other like empowered.

SIGNATURE:

ROBERT L. AFFOURTIT **2-11-99** **904-253197**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)