2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005087

Address:

Title:

Title:

Name:

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City-St-Zip:

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21241 SNOW HILL ROAD

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PORT CHARLOTTE, FL 33948

BROOKSVILLE, FL

HAMILTON, EMORY

2177 HYATT DRIVE

ZEMAN, KEITH

2145 N.E. 62ND COURT

FT. LAUDERDALE, FL 33308

Entity Name: FASP CHILDREN'S SERVICES FUND, INC.

FILED Jul 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2699 STIRLING ROAD SUITE B-305 FORT LAUDERDALE, FL 333126546 **New Mailing Address: Current Mailing Address:** 2699 STIRLING ROAD SUITE B-305 FORT LAUDERDALE, FL 333126546 FEI Number: 59-3562148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASH, DR RALPHY E CASH, DR. RALPH E 2699 STIRLING ROAD 2699 STIRLING ROAD SUITE B-305 SUITE B-305 FORT LAUDERDALE, FL 33312 US FORT LAUDERDALE, FL 333126546 US 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: RALPH E CASH 07/25/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BALLESTEROS, CARY ACKERT, MARGRETTE Name: Name: 10221 SW 20 ST Address: 1759 SUNSET DRIVE Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip: WINTER PARK, FL 32789 Title: Title: () Delete () Change () Addition TREUSCH, MARILYN B Name: Name: Address: 364 OCEAN BLVD. Address: City-St-Zip: GOLDEN BEACH, FL 33160 City-St-Zip: Title: () Delete Title: (X) Change () Addition CASH, RALPH E Name: CASH, RALPH E DR Name: 2699 STIRLING ROAD, SUITE B-305 2699 STIRLING ROAD, SUITE B-305 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 333126546 City-St-Zip: FORT LAUDERDALE, FL 333126546 Title: () Delete Title: (X) Change () Addition CORDILL, CONNIE VALLEY-GRAY, SARAH DR Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

20260 NW 2ND STREET

EMERY, HAMILTON DR

2177 HYATT DRIVE

PEMBROKE PINES, FL 33029

PORT CHARLOTTE, FL 33948

(X) Change () Addition

() Change () Addition

SIGNATURE: RALPH E CASH D 07/25/2004

above, or on an attachment with an address, with all other like empowered.