

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005087

FILED  
May 14, 2006  
Secretary of State

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

## Current Principal Place of Business:

2699 STIRLING ROAD  
SUITE B-305  
FORT LAUDERDALE, FL 333126546

## New Principal Place of Business:

## Current Mailing Address:

2699 STIRLING ROAD  
SUITE B-305  
FORT LAUDERDALE, FL 333126546

## New Mailing Address:

FEI Number: 59-3562148      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

CASH, RALPH E DR  
2699 STIRLING ROAD  
SUITE B-305  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ACKERT, MARGRETTE  
Address: 1759 SUNSET DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: BALLESTEROS, CARY  
Address: 10221 SW 20TH STREET  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: CASH, RALPH E DR  
Address: 2699 STIRLING ROAD, SUITE B-305  
City-St-Zip: FORT LAUDERDALE, FL 333126546

Title: D ( ) Delete  
Name: VALLEY-GRAY, SARAH DR  
Address: 20260 NW 2ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: EMERY, HAMILTON DR  
Address: 2177 HYATT DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete  
Name: TIBMA, MILLICENT M  
Address: 3041 OVERLOOK PLACE  
City-St-Zip: CLEARWATER, FL 33760

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH E CASH

DR.

05/14/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date