03121999-90032-019-$8.75-$8.75 * 03121999-90032-020-$61.25-$61.25

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Mar 12, 1999 8:00 am
Secretary of State
03-12-1999 90032 019 *****8.75
03-12-1999 90032 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

558226 - 90022 - 43

DOCUMENT # N98000006099

1. Corporation Name
COMMITTEE FOR THE DISABLED CHILDREN FUND INC.

Principal Place of Business	Mailing Address
2211 GOLD OAK LANE SARASOTA FL 34232	2211 GOLD OAK LANE SARASOTA FL 34232

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 10/23/1998
4. FEI Number: 65-0905804 ☑ Applied For ☐ Not Applicable*
5. Certificate of Status Desired ☒ $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

BORNIK, GRAZYNA
2211 GOLD OAK LANE
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name: BORNIK GRAZYNA
82 Street Address (P.O. Box Number is Not Acceptable): 2211 GOLD OAK LANE
83
84 City: SARASOTA FL 85 Zip Code: 34232

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GOREZYNSKI, ANDREZEJ 5405 MATTHEW CT SARASOTA FL 34231	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ST "T" GORCZYNSKI ANDRZEJ 5405 MATTHEW CT SARASOTA FL 34231	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	MJA. "T" MACIASZEK JOLANTA 4323-KINGSTON-LOOP SARASOTA FL 34238	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	"T" KOWALIK MACIEJ 409 MANATEE CT VENICE FL 34285	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T BORNIK- GRAZYNA 2211 GOLD OAK LANE SARASOTA FL 34232	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T GORCZYNSKI KRZYSZTOF 5405 MATTHEW CT SARASOTA FL 34231	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Grazyna Bornik 02/18/99 941-378-1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #