

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90147 042 \*\*\*\*61.25

**DOCUMENT # N99000003917**

1. Entity Name

**CHILDREN OF CHAOS, INC.**



Principal Place of Business

**9116 BAY POINTE CIR  
WEST PALM BEACH FL 33411**

Mailing Address

**720 S. SAPOLILLA AVE  
SUITE 113  
W. PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

**9116 Bay Pointe Cir.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**West Palm Beach, FL**

4. FEI Number **59-3590237**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33411**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BATTAGLIA, JOHN**

**9116 BAY POINTE CIRCLE  
W PALM BEACH FL 33411**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BATTAGLIA, JOHN</b>	
STREET ADDRESS	<b>9116 BAY POINTE CIR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BATTAGLIA, KATHLEEN</b>	
STREET ADDRESS	<b>9116 BAY POINTE CIR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GENONI, JOHN</b>	
STREET ADDRESS	<b>758 GLENGARRY DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: **Kathleen M. Battaglia** 3/14/03 561790-1416

CR2E037 (10/02)