



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90282 039 ****70.00

DOCUMENT # P21863 1. Entity Name CHILD FIND OF AMERICA, INC.					
Principal Place of Business 243 MAIN ST STE 280 NEW PALTZ, NY 12561 US			Mailing Address P.O. BOX 277 NEW PALTZ, N 12561-0277 US		
2. Principal Place of Business 7-9 Cummings Lane		3. Mailing Address		 02172005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Highland NY		City & State			
Zip 12528		Country USA		4. FEI Number 22-2323336	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SIEGEL, BERNARD F. 10723 SW 104TH MIAMI, FL 33176				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKOVITS, GARY		NAME		
STREET ADDRESS	224 SAN FERNANDO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAVALLETTE, NJ 07835		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEUMANN, KENNETH		NAME		
STREET ADDRESS	111 W 90TH ST, TOWNHOUSE B		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10024		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORTON, ELIZABETH		NAME	President	
STREET ADDRESS	40 REGGIES WAY		STREET ADDRESS		
CITY-ST-ZIP	LAGRANGEVILLE, NY 12540		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEDAYAT, AHMED		NAME		
STREET ADDRESS	440 CREEKSIDE COURT		STREET ADDRESS		
CITY-ST-ZIP	WILLOWBROOK, IL 60527		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDER, DONNA		NAME		
STREET ADDRESS	243 MAIN STREET, SUITE 280		STREET ADDRESS		
CITY-ST-ZIP	NEW PALTZ, NY		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARETTO, PETER		NAME	Treasurer	
STREET ADDRESS	61 INNSBRUCK BLVD		STREET ADDRESS		
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533		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: <u>Donna Linder</u> DONNA LINDER <u>4/14/05</u> <u>845.691.4666</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					