

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90404 004 ****70.00

DOCUMENT # P21863 1. Entity Name CHILD FIND OF AMERICA, INC.					
Principal Place of Business 7-9 CUMMINGS LANE HIGHLAND, NY 12528 US				Mailing Address P.O. BOX 277 NEW PALTZ, N 12561-0277 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARKOVITS, GARY 224 SAN FERNANDO DRIVE LAVALLETTE, NJ 07835 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMANN, KENNETH 111 W 90TH ST, TOWNHOUSE B NEW YORK, NY 10024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTON, ELIZABETH 40 REGGIES WAY LAGRANGEVILLE, NY 12540 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Baker, Elizabeth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDAYAT, AHMED 440 CREEKSIDE COURT WILLOWBROOK, IL 60527 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Mather 245 Fifth Ave NY NY 10016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDER, DONNA 243 MAIN STREET, SUITE 280 NEW PALTZ, NY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARETTO, PETER 61 INNSBRUCK BLVD HOPEWELL JUNCTION, NY 12533 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/VP Arthur Finnel 4 Cove Court Moorestown NJ 08057 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/19/06 8456914666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



CHILD FIND® OF AMERICA INC.

P.O. BOX 277 • NEW PALTZ, NY 12561-0277

ATTACHMENT 1

#P21863

40058722

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Child Find of America Inc. Annual Report (Document #P21863)

April 19, 2006

Dear Sir or Madam:

Enclosed, please find the following materials to renew Child Find's annual registration with the state of Florida:

<input checked="" type="checkbox"/>	Application Form
<input type="checkbox"/>	IRS Form 990/Audit
<input type="checkbox"/>	Board of Directors List
<input type="checkbox"/>	IRS tax exempt documentation
<input checked="" type="checkbox"/>	Registration fee \$ <u>61.25</u>
<input checked="" type="checkbox"/>	Certificate of Status fee \$ <u>8.75</u>
<input type="checkbox"/>	Self-Addressed Stamped Envelope for acknowledgement of Child Find's Registration
<input type="checkbox"/>	Other

Sincerely,

Carol P. Robins
Associate Director

Child Find: Bringing missing children home since 1980.