

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # P25719 (6)
1. Corporation Name
CHILDREN'S WISH FOUNDATION INTERNATIONAL, INC.Principal Place of Business
7840 ROSWELL ROAD
SUITE 301
ATLANTA GA 30350
Mailing Address
7840 ROSWELL ROAD
SUITE 301
ATLANTA GA 30350-48893. Date Incorporated or Qualified
08/18/1989
3a. Date of Last Report
02/22/19962. Principal Place of Business
21 8615 Roswell Road
Suite, Apt. #, etc.22
City & State
23 Atlanta, GA24 30350
Country
25 USA26 8615 Roswell Road
Suite, Apt. #, etc.27
City & State
28 Atlanta, GA29 30350
Country
30 USA4. FEI Number
58-1642982
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 3332481 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	STEIN, ARTHUR J.	1.2 NAME	
STREET ADDRESS	P.O. BOX 28785 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	DOZORETZ, LINDA	2.2 NAME	
STREET ADDRESS	869 CHESTNUT LAKE DRIVE	2.3 STREET ADDRESS	2660 Peachtree Road NW, #18B
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 30305
TITLE	D	3.1 TITLE	V
NAME	BLOCK, A.J., JR.	3.2 NAME	Ed Carmichel
STREET ADDRESS	2060 MT. PARAN ROAD	3.3 STREET ADDRESS	1331 Jody Lane
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta, GA 30329
TITLE	D	4.1 TITLE	D
NAME	GOLDSTEIN, HAROLD M.	4.2 NAME	Maryles V. Casto
STREET ADDRESS	315 DOGWOOD TRAIL	4.3 STREET ADDRESS	1154 Sonora Court
CITY-ST-ZIP	MARIETTA GA	4.4 CITY-ST-ZIP	Sunnyvale, CA 94086
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Beverly Kievman-Copen
STREET ADDRESS		5.3 STREET ADDRESS	9 Dunwoody Park, Suite 111
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Atlanta, GA 30338
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Eileen Friars
STREET ADDRESS		6.3 STREET ADDRESS	101 S. Tryon Street, 23rd Floor
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Charlotte, NC 28255

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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.

SIGNATURE: *Arthur J. Stein* ARTHUR J. STEIN, PRES. 1/27/97 770-393-5424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075440

CR2E037 (9/96)