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Feb 06 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25719** (6)

1. Corporation Name

CHILDREN'S WISH FOUNDATION INTERNATIONAL, INC.



Principal Place of Business 8615 ROSEWELL RD ATLANTA GA 30350 US	Mailing Address 8615 ROSEWELL RD ATLANTA GA 30350 US
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3. Date Incorporated or Qualified 08/18/1989	
4. FEI Number 58-1642982	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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	D
NAME	STEIN, ARTHUR J.	1.2 NAME	John Bevilacqua
STREET ADDRESS	P.O. BOX 28785 N/A	1.3 STREET ADDRESS	250 Spring St., Ste. 4E-334
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	STD	2.1 TITLE	
NAME	DOZORETZ, LINDA	2.2 NAME	
STREET ADDRESS	2860 PEACHTREE RD NW #18B	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	CARMICHAEL, ED	3.2 NAME	
STREET ADDRESS	1331 JODY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	Donald Oliverio	4.2 NAME	
STREET ADDRESS	1717 W. 6th Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Austin, TX 78703	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	Tony Jatecko	5.2 NAME	
STREET ADDRESS	2830 Terrace Ridge Rd., NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	Conyers, GA 30207	5.4 CITY-ST-ZIP	
TITLE	Ed Evans (D)	6.1 TITLE	
NAME	13730 Balmore Circle	6.2 NAME	
STREET ADDRESS	Houston, TX 77069	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **ARTHUR J. STEIN, PRESIDENT** 222-283-9476

CR2E037 (10/97)