

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000947

Entity Name: CHILDREN'S EMERGENCY RESOURCES, INC.**Current Principal Place of Business:**6698 SE WOODMILL POND LANE
STUART, FL 34997**Current Mailing Address:**P.O. BOX 2623
STUART, FL 34995-2623 US**FEI Number: 59-3154837****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOFFA, DALE H
2010 S.W. OLYMPIC CLUB TERR
PALM CITY, FL 34990 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SEC
Name	BRACKEN, JENNIFER
Address	4 DELANO LANE
City-State-Zip:	STUART FL 34996

Title	TREA
Name	KIEFFER, LISA
Address	6698 SE WOODMILL POND LANE
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	MCBRIDE, LAURA
Address	1023 NW 16TH PLACE
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	STOVER, ALICIA
Address	P.O. BOX 2623
City-State-Zip:	STUART FL 34995-2623

Title	DIRECTOR
Name	MOORE, SHEILA
Address	1352 SW 28TH ST
City-State-Zip:	PALM CITY FL 34990

Title	PRESIDENT
Name	FLANAGAN, JOE
Address	P.O. BOX 2623
City-State-Zip:	STUART FL 34995-2623

Title	VP
Name	MOODY, GREG
Address	P.O. BOX 2623
City-State-Zip:	STUART FL 34995-2623

Title	DIRECTOR
Name	FERREIRA, JEAN
Address	P.O. BOX 2623
City-State-Zip:	STUART FL 34995-2623

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA KIEFFER**TREASURER****04/03/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GORE, WILLIE
Address	P.O. BOX 2623
City-State-Zip:	STUART FL 34995-2623