2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2016
Secretary of State
CC2272597223

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Entity Name: CHILDREN'S EMERGENCY RESOURCES, INC.

Current Principal Place of Business:

1555 SE BALLANTRAE COURT
PORT ST LUCIE, FL 34952

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	CHERYL, HENDRIX
Address	1555 SE BALLANTRAE COURT
City-State-Zip:	PORT ST. LUCIE FL 34952

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

Title	DIR
Name	KEIFFER, LISA
Address	4396 SW LA PALMA DR
City-State-Zip:	PALM CITY FL 34990

Title	VP
Name	VELASCO, NEDRA
Address	4426 SW BIMINI CIRCLE SOUTH
City-State-Zip:	PALM CITY FL 34990

Title	PRESIDENT
Name	CHAPMAN, JAY
Address	453 RIVERSIDE DR.
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

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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: CHERYL K. HENDRIX TREASURER 03/28/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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