

2020 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:**FLANAGAN, JOE
315 SE INDIAN GROVE DRIVE
STUART, FL 34994 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:** JOE FLANAGAN

04/27/2020

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

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**

04/27/2020

Electronic Signature of Signing Officer/Director Detail

Date