2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 738910

Entity Name: UNIVERSAL AID FOR CHILDREN, INC.

Current Principal Place of Business:

167 SW 6TH ST
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

167 SW 6TH ST
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 59-1739205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KELLOGG, LORRI S
256 S.W. 10TH COURT
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BITTNER, LEIGH	
Address:	5541 SW 94 AVENUE	
City-St-Zip:	COOPER CITY, FL 33328	
Title:	T	( ) Delete
Name:	LORMAN, BENNETT	
Address:	7926 NW 41ST CT	
City-St-Zip:	SUNRISE, FL 33351	
Title:	S	( ) Delete
Name:	MARKOVIC, REBECCA	
Address:	13360 NW 11TH LANE	
City-St-Zip:	SUNRISE, FL 33323	
Title:	TD	( ) Delete
Name:	CHAN, ALICE	
Address:	8790 SW 57TH ST	
City-St-Zip:	COOPER CITY, FL 33328	
Title:	D	( ) Delete
Name:	DEWITT, RICHARD J	
Address:	1113 CASTIL 16 AVE	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	ED	( ) Delete
Name:	KELLOGG, LORRI	
Address:	256 S W 10 COURT	
City-St-Zip:	POMPANO BEACH, FL 33060	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	MURRAY, KEVIN J	
Address:	8210 SW 111 TERRACE	
City-St-Zip:	MIAMI, FL 33156	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORRI S. KELLOGG ED 04/30/2009

Electronic Signature of Signing Officer or Director — Date