

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003706

FILED
Apr 16, 2007
Secretary of State

Entity Name: THE CHILDRENS EMERGENCY FOUNDATION OF AMERICA INC.

Current Principal Place of Business:

108 LAKESHORE DRIVE, #440
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

108 LAKESHORE DRIVE, #440
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 30-0339288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEINBERG, ALLAN
108 LAKESHORE DRIVE, #440
NORTH PALM BEACH, FL 33408 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: CDPS () Delete
Name: WEINBERG, ALLAN
Address: 108 LAKESHORE DRIVE, #440
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T () Delete
Name: WEINBERG, ALLAN
Address: 108 LAKESHORE DRIVE, #440
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BELL, JOHN
Address: 108 LAKESHORE DRIVE, #440
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D/T (X) Change () Addition
Name: MAYNARD, BOB
Address: 108 LAKESHORE DRIVE, #440
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D () Change (X) Addition
Name: STEWART, MARY LYNN
Address: 108 LAKESHORE DRIVE, #440
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D () Change (X) Addition
Name: SPRING, DANIEL
Address: 108 LAKESHORE DRIVE, #440
City-St-Zip: NORTH PALM BEACH, FL 33408 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BOB MAYNARD

D/T

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date