

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000335

FILED
Apr 10, 2012
Secretary of State

Entity Name: VCHFOUNDATION.ORG INC

Current Principal Place of Business:

3593 PALMER AVE - 1ST FLOOR
BRONX, NY 10466

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 128165
ST. ALBANS, NY 11412

New Mailing Address:

FEI Number: 37-1454426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, VILMA
12034 N.W. 13TH STREET
PEMBROKE PINES, FL 33020 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: PD
Name: WALKER, VILMA M SR.
Address: 3593 PALMER AVE
City-St-Zip: BRONX, NY 10466

Title: VD
Name: SOARES, NATALIE N JR
Address: 3593 PALMER AVE
City-St-Zip: BRONX, NY 10466

Title: STD
Name: SOARES, CHRISTOPHER L JR.
Address: 3593 PALMER AVE
City-St-Zip: BRONX, NY 10466

Title: P
Name: WALKER, VILMA M
Address: 3593 PALMER AVE - 1ST FLOOR
City-St-Zip: BRONX, NY 10466

Title: VP
Name: SOARES, NATALIE
Address: 3593 PALMER AVE - 1ST FLOOR
City-St-Zip: BRONX, NY 10466

Title: GMGR
Name: SOARES, CHRISTOPHER
Address: 3593 PALMER AVE - 1ST FLOOR
City-St-Zip: BRONX, NY 10466

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: VILMA WALKER

PRES

04/10/2012

Electronic Signature of Signing Officer or Director

Date