2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006403

1. Entity Name
EDUCATIONAL FOUNDATION FOR CHILDREN'S CARE, INC.

Principal Place of Business	Mailing Address
15450 155 AVE. MIAMI, FL 33187-5447	15450 155 AVE. MIAMI, FL 33187-5447

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05032005 No Chg-NP CR2E037 (10/03)

4. FEI Number
26-0068324
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WELLINGTON, LEON
14137 SW 161 CT.
MIAMI, FL 33196

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREEWOOD, ANTHONY
STREET ADDRESS	10750 SW 67TH AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V
NAME	WELLINGTON, LEON
STREET ADDRESS	14137 SW 161 CT.
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	S
NAME	MCCALLA, CAROLINE
STREET ADDRESS	2091 SW 152 TERR.
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	T
NAME	ANDERSON, CARLTON
STREET ADDRESS	15342 SW 71ST
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	D
NAME	FLETCHER, L. HERBERT
STREET ADDRESS	9860 80TH DR.
CITY-ST-ZIP	MIAMI, FL 33273
TITLE	D
NAME	HARRIS, HIMOT
STREET ADDRESS	6001 N OCEAN DRIVE APT 1003
CITY-ST-ZIP	HOLLYWOOD, FL 33019

U00000364501
05/06/05-80043-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CARLTON ANDERSON 04-29-05 305 388-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #