2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N03000006403

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

Current Principal Place of Business:

15450 155 AVE.
MIAMI, FL 331875447

New Principal Place of Business:

Current Mailing Address:

P O BOX 960815
MIAMI, FL 332960815 US

New Mailing Address:

FEI Number: 26-0068324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAREY, HUGH DR.
15450 SW 155TH AVENUE
MIAMI, FL 33187 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:	D	( ) Delete
Name:	WELLINGTON, LEON MR	
Address:	14137 SW 161 CT.	
City-St-Zip:	MIAMI, FL 33196	
Title:	D	( ) Delete
Name:	ALLEN, ERIC MR.	
Address:	11201 MAINSAIL CT	
City-St-Zip:	WELLINGTON, FL 33449 US	
Title:	S	( ) Delete
Name:	BRYAN, HERMINE MRS	
Address:	1040 NE 155TH ST	
City-St-Zip:	NORTH MIAMI BEACH, FL 33162	
Title:	D	( ) Delete
Name:	RICHARDS, MAVIS MISS	
Address:	9600 SW 147ST	
City-St-Zip:	MIAMI, FL 33176	
Title:	D	( ) Delete
Name:	VAN PUTTEN, VERNETTA MRS.	
Address:	14137 SW 161ST CT	
City-St-Zip:	MIAMI, FL 33196	
Title:	T	( ) Delete
Name:	MURDOCK, ELSADA MISS	
Address:	8420 SW 3RD CT, APT. 108	
City-St-Zip:	PEMBROKE PINES, FL 33025	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ELSADA MURDOCK MS 03/23/2009

Electronic Signature of Signing Officer or Director — Date