

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000807

FILED
Apr 29, 2005
Secretary of State

Entity Name: FOUNDATION FOR CHILDREN WITH BIPOLAR DISORDER, INC.

Current Principal Place of Business:

1520 E. SANDPIPER CIR.
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1520 E. SANDPIPER CIR.
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-0706870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLEN, JOHN
7411 MIAMI LAKES DR.
MIAMI LAKES, FL 33014 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: LANDRITH, SUSAN M
Address: 1520 E. SANDPIPER CIR.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: ANDERSON, SARA
Address: 422 CALYN DR.
City-St-Zip: READING, PA 19607

Title: D () Delete
Name: MONTANILE, SUSAN
Address: 74 SUNSET AVE.
City-St-Zip: VERONA, NJ 07044

Title: D () Delete
Name: HAMLEY, MARGARET I
Address: 2349 KEVIN CT.
City-St-Zip: JUNEAU, AK 998019345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D-P (X) Change () Addition
Name: LANDRITH, SUSAN M
Address: 1520 E. SANDPIPER CIR.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Change () Addition
Name: MILLER, VIVIAN
Address: 401 EAST LAS OLAS BLVD., #2000
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: D-S (X) Change () Addition
Name: MONTANILE, SUSAN
Address: 74 SUNSET AVE.
City-St-Zip: VERONA, NJ 07044

Title: D (X) Change () Addition
Name: CULLEN, JOHN I
Address: 7411 MIAMI LAKES DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN M. LANDRITH

D-P

04/29/2005

Electronic Signature of Signing Officer or Director

Date