2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 24, 2007 8:00 am DOCUMENT # N97000002655 Secretary of State 1. Entity Name 05-24-2007 90002 010 ****70.00 AJC CHILDREN'S FOUNDATION, INC. Principal Place of Business Mailing Address 1501 SW 52ND TERRACE 1501 SW 52ND TERRACE PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0745178 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALSH, ROBERT DR. Street Address (P.O. Box Number is Not Acceptable) 1501 SW 52ND TERR. PLANTATION FL 33317 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Susanne BARTON 408 Isle of Paln TITLE PΩ Delete TITLE Change Addition NAME WALSH, ROBERT DR. NAME STREET ADDRESS STREET ADDRESS 1501 SW 52ND TERRACE Lauderdole FC 33301 CITY-ST-ZIP PLANTATION FL 33317 CITY-SJ-ZIP D ☐ Delete HDB ☐ Change ☐ Addition SMITH, SUSAN NAMI STREET ADDRESS STREET ADDRESS 420 NE 17TH WAY CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-S1-ZIP HHE ☐ Delete 1004 Change Addition DOKUCHITZ, PETER STREET ADDRESS STREET ADDRESS 741 SW 12TH AVE CJIY - ST- 7IP FORT LAUDERDALE FL 33312 CITY-S1-ZIF TITLE ☐ Defete ШП ☐ Change ☐ Addition NAME NAME NUSSBAUM, ELLEN STREET ADDRESS 1464 NW 97TH STREET STREET ADDRESS CITY - ST- ZIP CHY-SI-ZIP FORT LAUDERDALE FL 33024 TITLE Delete DILE ☐ Change ☐ Addition NAME REEVES, SHARON NAME STREET ADDRESS STREET ADDRESS 5260 SW 15TH PL CITY-ST-ZIP CHY-ST-ZIP PLANTATION FL 33317 IIIE TOTE ☐ Delete Change ☐ Addition NAME VALDES, SHERRILL NAM STREET ADDRESS 9120 VINEYARD LAKE DRIVE STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

ith all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address

SIGNATURE:

FILED

Daytime Phone #