


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90048 046 ****61.25

DOCUMENT # N97000002655 1. Entity Name AJC CHILDREN'S FOUNDATION, INC.					
Principal Place of Business 1501 SW 52ND TERRACE PLANTATION, FL 33317			Mailing Address 1501 SW 52ND TERRACE PLANTATION, FL 33317		
2. Principal Place of Business - No P.O. Box # 9080 NW 6th Ct.		3. Mailing Address P.O. Box 16266			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, Plantation, FL		City & State Plantation, FL		4. FEI Number 65-0745178	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33324		Country USA		Zip 33318	
Country USA		6. Name and Address of Current Registered Agent WALSH, ROBERT DR. 1501 SW 52ND TERR. PLANTATION, FL 33317			
7. Name and Address of New Registered Agent Name Jennifer Van Heertum Street Address (P.O. Box Number is Not Acceptable) 9080 NW 6th Ct. City Plantation FL Zip Code 33324				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 J. Van Heertum <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Jennifer Van Heertum <small>(NOTE: Registered Agent signature required when reinstating)</small>		2-6-08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, ROBERT DR. 1501 SW 52ND TERRACE PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suzanne Barton (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 408 Isle of Palm Fort Lauderdale, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SUSAN 420 NE 17TH WAY FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lucille Librizzi (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5260 SW 15th Place Plantation, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOKUCHITZ, PETER 741 SW 12TH AVE FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Kar (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4021 SW 7th Street Plantation, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NUSSBAUM, ELLEN 1464 NW 97TH STREET FORT LAUDERDALE, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jennifer Van Heertum (MD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9080 NW 6th Ct. Plantation, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REEVES, SHARON 5260 SW 15TH PL PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, SHERRILL 9120 VINEYARD LAKE DRIVE PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: J. Van Heertum <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Jennifer Van Heertum <small>Date</small>		2-6-08 <small>Daytime Phone #</small>	



02062008 Chg-NP CR2E037 (12/06)

954-636-1086