## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000002655

Entity Name: AJC CHILDREN'S FOUNDATION, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9080 NW 6TH CT. FORT LAUDERDALE, FL 33324				1501 SW 52ND TERRACE PLANTATION, FL 33317		
Current Mailing Address:				New Mailing Address:		
	RT LAUDERDALE, FL 33324 PLA				2ND TERRA ON, FL 3331	
FEI Number:	65-0745178	FEI Number Appli	ed For ( ) FEI Nu	mber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
VAN HEERTUM, JENNIFER 9080 NW 6TH CT FORT LAUDERDALE, FL 33324 US				SHAPIRO, RACHEL 1501 SW 52ND TERRACE PLANTATION, FL 33317 US		
The above in the State	named entity su of Florida.	bmits this stater	ment for the purpose o	of changing it	ts registered	office or registered agent, or both,
SIGNATURE: RACHEL SHAPIRO			04/06/2009			
	Electronic	Signature of Re	egistered Agent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () C WALSH, ROBER 1501 SW 52ND T PLANTATION, FL	ERRACE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T () E LIBRIZZIA, LUCIL 5260 SW 15TH P FORT LAUDERD	LACE		Title: Name: Address: City-St-Zip:	LIBRIZZI, LUC 5260 SW 15TI	
Title: Name: Address: City-St-Zip:	D () E KAR, JAMES 4021 SW 1ST ST PLANTATION, FL			Title: Name: Address: City-St-Zip:	S (X KAR, JAMES 4021 SW 1ST PLANTATION,	
Title: Name: Address: City-St-Zip:	VPD () D NUSSBAUM, ELL 1464 NW 97TH S FORT LAUDERDA	TREET		Title: Name: Address: City-St-Zip:	NUSSBAUM, E 1464 NW 97T	
Title: Name: Address: City-St-Zip:	T () C REEVES, SHARC 5260 SW 15TH P PLANTATION, FL	L		Title: Name: Address: City-St-Zip:	D (X REEVES, SHA 5260 SW 15TI PLANTATION,	H PL

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT WALSH PD 04/06/2009

( ) Delete

9120 VINEYARD LAKE DRIVE

VALDES, SHERRILL

PLANTATION, FL 33324

Title:

Name:

Address:

City-St-Zip:

() Change () Addition