

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011029

FILED
Jul 05, 2005
Secretary of State

Entity Name: CHILDRENS HIMALAYAN FOUNDATION, INC.

Current Principal Place of Business:

1430 CRESTVIEW DR
NT DORA, FL 32757

New Principal Place of Business:

1430 CRESTVIEW DR
MT DORA, FL 32757

Current Mailing Address:

1430 CRESTVIEW DR
NT DORA, FL 32757

New Mailing Address:

1430 CRESTVIEW DR
MT DORA, FL 32757

FEI Number: 20-1883256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEALY, THOMAS
1430 CRESTVIEW DR
NT DORA, FL 32757 US

Name and Address of New Registered Agent:

HEALY, THOMAS
1430 CRESTVIEW DR
MT DORA, FL 32757 US

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: _____

07/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEALY, MAURA
Address: 1430 CRESTVIEW DR
City-St-Zip: NT DORA, FL 32757

Title: VD () Delete
Name: TANSEY, VONA
Address: 1430 CRESTVIEW DR
City-St-Zip: NT DORA, FL 32757

Title: SD () Delete
Name: HEALY, THOMAS
Address: 1430 CRESTVIEW DR
City-St-Zip: NT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEALY, MAURA
Address: 1430 CRESTVIEW DR
City-St-Zip: MT DORA, FL 32757

Title: VD (X) Change () Addition
Name: TANSEY, VONA
Address: 1430 CRESTVIEW DR
City-St-Zip: MT DORA, FL 32757

Title: SD (X) Change () Addition
Name: HEALY, THOMAS
Address: 1430 CRESTVIEW DR
City-St-Zip: MT DORA, FL 32757

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: MAURA HEALY

PD

07/05/2005

Electronic Signature of Signing Officer or Director

Date