2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011029

1. Entity Name
CHILDRENS HIMALAYAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
1430 CRESTVIEW DR MT DORA, FL 32757	1430 CRESTVIEW DR MT DORA, FL 32757

04132006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
20-1883256
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEALY, THOMAS
1430 CRESTVIEW DR
MT DORA, FL 32757

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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: Thomas J. Healy 4/18/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEALY, MAURA
STREET ADDRESS	1430 CRESTVIEW DR
CITY-ST-ZIP	MT DORA, FL 32757
TITLE	VD
NAME	TANSEY, VONA
STREET ADDRESS	1430 CRESTVIEW DR
CITY-ST-ZIP	MT DORA, FL 32757
TITLE	SD
NAME	HEALY, THOMAS
STREET ADDRESS	1430 CRESTVIEW DR
CITY-ST-ZIP	MT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80127-003 61.25

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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: Thomas J. Healy 4/18/06 (352) 3850005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #