

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000335

Entity Name: VCHFOUNDATION.ORG INC**Current Principal Place of Business:**3593 PALMER AVE - 1ST FLOOR
BRONX, NY 10466**Current Mailing Address:**P.O. BOX 128165
ST. ALBANS, NY 11412**FEI Number: 37-1454426****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, VILMA
12034 N.W. 13TH STREET
PEMBROKE PINES, FL 33020 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	WALKER, VILMA MSR.
Address	3593 PALMER AVE
City-State-Zip:	BRONX NY 10466

Title	VD
Name	SOARES, NATALIE NJR
Address	3593 PALMER AVE
City-State-Zip:	BRONX NY 10466

Title	STD
Name	SOARES, CHRISTOPHER LJR.
Address	3593 PALMER AVE
City-State-Zip:	BRONX NY 10466

Title	P
Name	WALKER, VILMA M
Address	3593 PALMER AVE - 1ST FLOOR
City-State-Zip:	BRONX NY 10466

Title	VP
Name	SOARES, NATALIE
Address	3593 PALMER AVE - 1ST FLOOR
City-State-Zip:	BRONX NY 10466

Title	GMGR
Name	SOARES, CHRISTOPHER
Address	3593 PALMER AVE - 1ST FLOOR
City-State-Zip:	BRONX NY 10466

I hereby 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 all other like empowered.

SIGNATURE: VILMA WALKER**PRESIDENT****05/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date