

**2014 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:**

3593 PALMER AVE -1ST FLOOR  
BRONX, NY 10466 US

**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**

**03/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date