2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2019
Secretary of State
9114816408CC

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Entity Name: EDUCATIONAL FOUNDATION FOR CHILDREN'S CARE, INC.

Current Principal Place of Business:

15450 155 AVE.
MIAMI, FL 33187-5447

Current Mailing Address:

P O BOX 960815
MIAMI, FL 33296-0815 US

FEI Number: 26-0068324

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDUCATIONAL FOUNDATION FOR CHILDREN'S CARE INC.
15450 SW 155TH AVENUE
MIAMI, FL 33187 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: LEON WELLINGTON 02/07/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P/D
Name	WELLINGTON, LEON MR
Address	14137 SW 161 CT.
City-State-Zip:	MIAMI FL 33196

Title	VP
Name	BRYAN, SAMUEL MR
Address	1040 NE 155TH ST
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DIRECTOR
Name	FLETCHER, HERBERT L
Address	9720 SW 213 TERRACE
City-State-Zip:	MIAMI FL 33189

Title	SECRETARY
Name	SAVAGE, ALICIA
Address	18201 SW 109 PL.
City-State-Zip:	MIAMI FL 33157

Title	VP
Name	ALLEN, ERIC MR.
Address	11201 MAINSAIL CT
City-State-Zip:	WELLINGTON FL 33449

Title	TREASURER
Name	MURDOCK, ELSADA MISS
Address	8420 SW 3RD CT, APT. 108
City-State-Zip:	PEMBROKE PINES FL 33025

Title	ASST. SECRETARY
Name	COLLINS, TARA N
Address	7730 NW 50TH STREET, APT.304
City-State-Zip:	LAUDERHILL FL 33351

Title	DIRECTOR
Name	NICHOLSON, BERESFORD
Address	14739 SW 159 PLACE,
City-State-Zip:	MIAMI FL 33196

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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: LEON WELLINGTON PRESIDENT 02/07/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	REID, JEMELYN
Address	4026 EASTRIDGE CIRCLE,
City-State-Zip:	DEERFIELD BEACH FL 33064

Title	DIRECTOR
Name	WILLIAMS, JOYCE
Address	11325 SW 172ND ST
City-State-Zip:	MIAMI FL 33157

Title	VP
Name	JOHNSON, JANET
Address	12173 SW 131 AVE, SUITE C
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	BRAHAM, BALVIN
Address	22901 SW 107 AVE
City-State-Zip:	MIAMI FL 33170

Title	VP
Name	AMEIR, PAULINE
Address	3061 HOLIDAY SPRING BLVD #201
City-State-Zip:	MARGATE FL 33063