

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000994

**FILED**  
**Feb 04, 2016**  
**Secretary of State**  
**CC7689813914**

**Entity Name:** LET'S TALK ABOUT CHILDREN FOUNDATION CORP.

**Current Principal Place of Business:**

6773 CANTON ST  
FORT MYERS, FL 33966

**Current Mailing Address:**

6773 CANTON ST  
FORT MYERS, FL 33966 US

**FEI Number:** 20-2893124

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OUVERNEY, ELIANE  
6773 CANTON ST  
FORT MYERS, FL 33966 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           DPS  
Name           OUVERNEY, ELIANE  
Address        6773 CANTON ST  
City-State-Zip: FORT MYERS FL 33966

Title           DVPT  
Name           PIMPIGNANO, ADEL  
Address        11517 CLUMBET LN  
City-State-Zip: LEHIGH ACRES FL 33971

Title           SECR  
Name           DE ARAUJO, MARCOS A  
Address        13225 SILVER THORN LOOP #2  
City-State-Zip: N. FT. MYERS FL 33903

Title           TRES  
Name           PIMPIGNANO, ALBER  
Address        11517 CLUMBET LN  
City-State-Zip: LEHIGH ACRES FL 33971

*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:** ADELAIDE PIMPIGNANO

**DVPT**

**02/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date