

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000994

**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

03/01/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date