

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001388

Entity Name: CHILDREN BEYOND OUR BORDERS, INC.

Current Principal Place of Business:

13719 NW 146 AVE
ALACHUA, FL 32615

Current Mailing Address:

PO BOX 6228
GAINESVILLE, FL 32627 US

FEI Number: 20-8370884

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZELAYA, MARIA EUGENIA
2246 NW 40TH PLACE
GAINESVILLE, FL 32605 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: MARIA EUGENIA ZELAYA

04/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, EXECUTIVE DIRECTOR
Name ZELAYA, MARIA EUGENIA
Address 2246 NW 40TH PLACE
City-State-Zip: GAINESVILLE FL 32605

Title OFFICER
Name LIPKIN, JOHN
Address 802 MONTROSE ST
City-State-Zip: PHILADELPHIA PA 19147

Title OFFICER
Name MONTOYA-WILLIAMS, DIANA
Address 16 ORCHARD LANE ROSE VALLEY
City-State-Zip: PHILADELPHIA PA 19086

Title OFFICER
Name WILLIAMS, BRENDAN
Address 16 ORCHARD LANE ROSE VALLEY
City-State-Zip: PHILADELPHIA PA 19086

Title OFFICER
Name TORRES, NATALIA
Address 2516 N KEDZIE BLVD APT 3E
City-State-Zip: CHICAGO IL 60647

Title OFFICER
Name HOYLE, ALLISON
Address 10 E 118TH ST FL 1
City-State-Zip: NEW YORK NY 10035

Title PRESIDENT
Name LEYVA, MARCUS
Address 2043 NORTH BISSELL STREET UNIT 2
City-State-Zip: CHICAGO IL 60614

Title VP
Name PAZ, TATIANA
Address 704 15TH ST APT 135
City-State-Zip: DURHAM NC 27705

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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: MARIA EUGENIA ZELAYA

EXECUTIVE DIRECTOR

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name MANCINI , JOSEPH
Address 2119 DEERFIELD WAY
City-State-Zip: SCOTRUN PA 18355