

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001388

FILED
Jan 22, 2018
Secretary of State
CC2443068180

Entity Name: CHILDREN BEYOND OUR BORDERS, INC.

Current Principal Place of Business:

7307 LANGFORD WAY
ORLANDO, FL 32822

Current Mailing Address:

P.O. BOX 568411
ORLANDO, FL 32856

FEI Number: 20-8370884

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORTEGA, ANDREA
7307 LANGFORD WAY
ORLANDO, FL 32822 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 CEO, EXECUTIVE DIRECTOR
Name ORTEGA, ANDREA C
Address 7307 LANGFORD WAY
City-State-Zip: ORLANDO FL 32822

Title OFFICER
Name CASTANO, GINA M
Address 137 RANGELINE WOODS COVE
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT
Name LIPKIN, JOHN
Address 45 CREEKSIDE LANE #147
City-State-Zip: MALVERN PA 19355

Title SECRETARY
Name ARTURO, PAOLA A
Address 7651 GATE PARKWAY APT 701
City-State-Zip: JACKSONVILLE FL 32256

Title OFFICER
Name ALVAREZ, DANIEL
Address 3931 SW 146 AVENUE
City-State-Zip: MIRAMAR FL 33027

Title OFFICER
Name MONTOYA-WILLIAMS, DIANA
Address 1245 SW 9TH ROAD UNIT 301
City-State-Zip: GAINESVILLE FL 32601

Title OFFICER
Name WILLIAMS, BRENDAN
Address 1245 SW 9TH ROAD UNIT 301
City-State-Zip: GAINESVILLE FL 32601

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

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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: ANDREA ORTEGA

EXECUTIVE DIRECTOR

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name HOYLE, ALLISON
Address 2196 COVENTRY RD
City-State-Zip: UPPER ARLINGTON OH 43221

Title OFFICER
Name LEYVA, MARCUS
Address 108 EAST 4TH STREET APT. 12
City-State-Zip: NEW YORK NY 10003