

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

DOCUMENT# N07000001388

**FILED**  
**Jan 18, 2016**  
**Secretary of State**  
**CC1819164959**

**Entity Name:** CHILDREN BEYOND OUR BORDERS, INC.

**Current Principal Place of Business:**

2624 ROBERT TRENT JONES  
APT 625  
ORLANDO, FL 32835

**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  
2624 ROBERT TRENT JONES  
APT 625  
ORLANDO, FL 32835 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 2624 ROBERT TRENT JONES  
APT 625  
City-State-Zip: ORLANDO FL 32835

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

Title TREASURER  
Name MARIA, GRILLO C  
Address 45 CREEKSIDE LANE #147  
City-State-Zip: MALVERN PA 19355

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

Title DIRECTOR  
Name GUERRERO, LISA A  
Address 491 RACQUET CLUB RD  
City-State-Zip: WESTON FL 33326

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 DEVEREAUX, TARYN  
Address 4001 NEW HAMPSHIRE AVE NW  
City-State-Zip: WASHINGTON DC 20011

**Continues on page 2**

*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**

**01/18/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name MONTOYA-WILLIAMS, DIANA  
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

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

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

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

Title OFFICER  
Name CORREA, KEVIN  
Address 253 NE 2ND ST APT 2102  
City-State-Zip: MIAMI FL 33132