

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003656

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC7041318353**

**Entity Name:** CHILDREN'S HOPE CHEST OF DREAMS, INC.

**Current Principal Place of Business:**

1611 NW 85TH AVENUE  
PLANTATION, FL 33322

**Current Mailing Address:**

1611 NW 85TH AVENUE  
PLANTATION, FL 33322

**FEI Number: 06-1820025**

**Certificate of Status Desired: Yes**

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

MARCELIN, JEAN H  
1611 NW 85TH AVENUE  
PLANTATION, FL 33322 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 DP  
Name MARCELIN, JEAN H  
Address 1611 NW 85TH AVENUE  
City-State-Zip: PLANTATION FL 33322

Title VP  
Name MARCELIN, PATRICK M  
Address 6645 N.W. 174 TERRACE  
City-State-Zip: MIAMI LAKES FL 33015

Title D  
Name MARCELIN, GARY  
Address 17425 NW 75TH PLACE  
City-State-Zip: MIAMI LAKES FL 33015

Title S  
Name PRESSOIR, ROBERT  
Address 9655 WOODS DRIVE UNIT 1209  
City-State-Zip: SKOKIE IL 60077

Title D  
Name MARCELIN, PASCAL  
Address 4036 SPRING GARDEN STREET  
City-State-Zip: PHILADELPHIA PA 19104

*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: JEAN H MARCELIN**

**EXECUTIVE DIRECTOR**

**02/23/2015**

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

\_\_\_\_\_  
Date