

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

DOCUMENT# F16000004539

**Entity Name:** HIDDEN WOUNDS FOUNDATION INC.

**Current Principal Place of Business:**

3 GRANT SQUARE #321  
HINSDALE, IL 60521

**Current Mailing Address:**

3 GRANT SQUARE #321  
HINSDALE, IL 60521 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
3030 N ROCKY POINT DR.  
SUITE 150A  
TAMPA, FL 33607 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	PD	Title	VPD
Name	TOLEDO, ISRAEL F	Name	HOLMES, BRANDON DONALD
Address	3 GRANT SQUARE #321	Address	2346 MEADOW LANE
City-State-Zip:	HINSDALE IL 60521	City-State-Zip:	SCHEREVILLE IN 46375
Title	TD		
Name	EVARISTA ALFARO, MARIA		
Address	1341 BROOKSIDE DR, APT. B2		
City-State-Zip:	MUNSTER IN 46321		

*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:** ISRAEL F TOLEDO

**DIRECTOR**

**04/28/2017**

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

\_\_\_\_\_  
Date