

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704408

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE BERTHA ABESS CHILDREN'S CENTER, INC.

Current Principal Place of Business:

5801 BISCAYNE BLVD.
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

5801 BISCAYNE BLVD.
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 59-0976373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, GERALD
333 NE 23RD STREET
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

MOORE, GERALD
333 NE 23 RD STREET
MIAMI, FL 33137 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:

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SWIFT, JOANNE,
Address: 5801 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: PD () Delete
Name: MOORE, ROBERT DR,
Address: 5801 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: T () Delete
Name: MOORE, GERALD,
Address: 5801 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: C () Delete
Name: JAEGER, CAROLYN J.,
Address: 5801 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: SD () Delete
Name: OWENS, DEBRA,
Address: 5801 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: LINDA L. RAYBIN,
Address: 5801 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SWIFT, JOANNE,
Address: 5801 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: P (X) Change () Addition
Name: MOORE, ROBERT DR,
Address: 5801 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: OWENS, DEBRA,
Address: 5801 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: D (X) Change () Addition
Name: CAROLYN JENKINS-JAEG, ER
Address: 5801 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VIRGINIA M. GOMEZ

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

Date