

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755101

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE NATIONAL FOUNDATION FOR CHILDREN, INC.

Current Principal Place of Business:

% DR. LAURIE D. BRAGA
84 TUPELO STREET
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

% DR. LAURIE D. BRAGA
P.O. BOX 4910
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

% DR. LAURIE D. BRAGA
3120 CENTER STREET
COCONUT GROVE, FL 33133

New Mailing Address:

% DR. LAURIE D. BRAGA
3120 CENTER STREET
COCONUT GROVE, FL 33133

FEI Number: 59-2039890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, DANIEL, A.
KIRKPATRICK & LOCKHART
100 CHOPIN PLAZA, STE 2000, MIAMI CENTER
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAGA, DR. JOSEPH,
Address: 84 TUPELO STREET
City-St-Zip: SANTA ROSA BEACH, FL

Title: TD () Delete
Name: BRAGA, DR. LAURIE,
Address: 84 TUPELO STREET
City-St-Zip: SANTA ROSA BEACH, FL

Title: SD () Delete
Name: BRAGA, THOMAS,
Address: 3120 CENTER STREET
City-St-Zip: COCONUT GROVE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRAGA, DR. JOSEPH,
Address: 3120 CENTER STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: TD (X) Change () Addition
Name: BRAGA, DR. LAURIE,
Address: 3120 CENTER STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD (X) Change () Addition
Name: BRAGA, LAURIE D DR.
Address: 3120 CENTER STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

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: DR. LAURIE D. BRAGA

TD

04/24/2007

Electronic Signature of Signing Officer or Director

Date