## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#755101** 

FILED Feb 14, 2009 Secretary of State

Entity Name: THE NATIONAL FOUNDATION FOR CHILDREN, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O DR. LAURIE D. BRAGA 3120 CENTER STREET COCONUT GROVE, FL 33133 **New Mailing Address: Current Mailing Address:** C/O 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: Name and Address of New Registered Agent: CASEY, DANIEL, A. CASEY, DANIEL, A. K & L GATES K & L GATES 201 S BISCAYNE BLVD MIAMI CENTER-20TH FL 200 S BISCAYNE BLVD SUITE 3900 MIAMI, FL 33131 US MIAMI, FL 33131 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: 02/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BRAGA, DR. JOSEPH, Name: Name: 3120 CENTER STREET Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: BRAGA, DR. LAURIE, Name: Address: 3120 CENTER STREET Address: City-St-Zip: COCONUT GROVE, FL 33133 US City-St-Zip: Title: () Delete Title: () Change () Addition BRAGA, LAURIE D DR. Name: Name: 3120 CENTER STREET Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 US City-St-Zip:

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 SD 02/14/2009