

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005269

FILED
Apr 19, 2010
Secretary of State

Entity Name: CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC.

Current Principal Place of Business:

1687 TULLIE CIRCLE NE
ATLANTA, GA 30329

New Principal Place of Business:

Current Mailing Address:

1687 TULLIE CIRCLE NE
ATLANTA, GA 30329

New Mailing Address:

FEI Number: 58-1710601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P
Name: HAYES, EUGENE A III
Address: 1600 TULLIE CIRCLE
City-St-Zip: ATLANTA, GA 30329

Title: T
Name: FOWLER, RUTH
Address: 1600 TULLIE CIRCLE
City-St-Zip: ATLANTA, GA 30329

Title: S
Name: BRIDGES, TONJA
Address: 1687 TULLIE CIRCLE NE
City-St-Zip: ATLANTA, GA 30329

Title: AS
Name: JONES, LESLIE
Address: 1711 TULLIE CIRCLE
City-St-Zip: ATLANTA, GA 30329

Title: D
Name: AGERTON, GEORGE F III
Address: 3090 BELLINGRATH BLVD.
City-St-Zip: ROSWELL, GA 30076

Title: D
Name: BLANK, STEPHANIE V
Address: 3223 HOWELL MILL ROAD NW
City-St-Zip: ATLANTA, GA 30327

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: LESLIE JONES

AS

04/19/2010

Electronic Signature of Signing Officer or Director

Date