2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000002762**

1. Entity Name



FILED Feb 24, 2003 8:00 am § Secretary of State

AMERICAN	FOUNDATION FOR CHILDI	ren and Youth, in	C.				
12 QUAKER WAY		Mailing Address 12 QUAKER WAY WESTBOROUGH MA 01581			भ जनगर		
2. Principal Plac	e of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
					HECK HERE IF MAKING	CHANGE	s
City & State		City & State		4. FEI Number 22-	4. FEI Number 22-2848332 Applied For		
Zip	Country	Zip	Country	5. Certificate of Stat	rus Desired	\$8.75 Ac	lot Applicable
	6. Name and Address of Current I	Registered Agent				Fee Requir	
	á,		Name	77 Hamb and Addre	ss of New Registered A	gent	 -
PHILLIPS, EDGAR B M.D. 455 PARADISE ISLE., #306			Street Addre	ess (P.O. Box Number is No	t Acceptable)		
	E BEACH FL 33009						
			City			T = -	.
• The shows non	med entity submits this statement for so fregistered agent.		'		FL	Zip Cod	
	ature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature req	quired when reinstating)	DATE	• • • •	
FILE			npaign Financing	\$5.00 May Be Added to Fees	Make Check	Payable	to
Signs	E NOW: FEE IS \$61.25	9. Election Carr Trust Fund C	npalgn Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Florida Departr	ment of S	State
FILE V	E NOW: FEE IS \$61.25	9. Election Carr Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make Check Florida Departr	ment of !	State
FILE S 10. TITLE PD NAME PHI	E NOW: FEE IS \$61.25 OFFICERS AND DIRE	9. Election Carr Trust Fund C	npalgn Financing ontribution. 11. TITLE NAME	\$5.00 May Be Added to Fees	Make Check Florida Departr	ment of S	State
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FILE TITLE PD PHI STREET ADDRESS CITY-ST-ZIP HAI TITLE NAME STE LEV	OFFICERS AND DIRE OFFICERS AND DIRE ILLIPS, EDGAR B MD PARADISE ISLE BLVD 306 LLANDALE FL D /ESQUE, RAYMOND J CPA	9. Election Carr Trust Fund C ECTORS	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Florida Departr TO OFFICERS AND DIRE	ment of !	State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

305.931.4358