# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2009**
**Secretary of State**

DOCUMENT# N00000001585

**Entity Name:** CHILDREN'S HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

2255 GLADES ROAD STE 324A
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2255 GLADES ROAD STE 324A
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number: 65-0997170** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUCCI, RAPHAEL C
6261 - 2 BAY CLUB DR
FORT LAUDERDALE, FL 33308 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: DPST ( ) Delete
Name: RUCCI, RAPHAEL C.
Address: 6261-2 BAY CLUB DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete
Name: SCOTT, JOSEPH F
Address: 50 COLUMBUS DR, APT 3613
City-St-Zip: JERSEY CITY, NJ 07302

Title: D ( ) Delete
Name: MARTIN, VICTORIA E
Address: 6261-2 BAY CLUB DR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete
Name: CORATOLO, MICHAEL V
Address: 18 N. CENTRAL AVE
City-St-Zip: HARTSDALE, NY 10530

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: RAPHAEL C. RUCCI DPST 03/23/2009

Electronic Signature of Signing Officer or Director — Date