

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90003 026 ****70.00

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DOCUMENT # N00000006321

1. Entity Name

THE ANDREWS' CHILDREN FOUNDATION, INC.



Principal Place of Business

Mailing Address

3389 BLUE RUNNER LANE
 MARGATE FL 33063

3389 BLUE RUNNER LANE
 MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, PAULETTE D
3389 BLUE RUNNER LANE
MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: RICHARDSON, PAULETTE D
 STREET ADDRESS: 3389 BLUE RUNNER LANE
 CITY-ST-ZIP: MARGATE FL 33063 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD
 NAME: ANDREWS, JOHNNY L
 STREET ADDRESS: 2201 NW 41ST AVE., #208
 CITY-ST-ZIP: LAUDERHILL FL 33313 Delete

TITLE: Change Addition
 NAME: **VD GRAHAM, EVAN A**
 STREET ADDRESS: **3389 BLUE RUNNER LANE**
 CITY-ST-ZIP: **MARGATE, FL 33063**

TITLE: AVD
 NAME: DESOUZA, SASHA M
 STREET ADDRESS: 3389 BLUE RUNNER LANE
 CITY-ST-ZIP: MARGATE FL 33063 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: STD
 NAME: ODOM, INDR A
 STREET ADDRESS: 3389 BLUE RUNNER LANE
 CITY-ST-ZIP: MARGATE FL 33063 Delete

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

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TITLE: Change Addition
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 CITY-ST-ZIP:

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE: *Paulette D. Richardson* 7/6/01 (87) 956-3154

CR2E037 (5/01)