

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006321

FILED  
Sep 10, 2003  
Secretary of State

Entity Name: THE ANDREWS' CHILDREN FOUNDATION, INC.

**Current Principal Place of Business:**

3389 BLUE RUNNER LANE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

3389 BLUE RUNNER LANE  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 65-1040417      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RICHARDSON, PAULETTE D  
3389 BLUE RUNNER LANE  
MARGATE, FL 33063

**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: PD ( ) Delete  
Name: RICHARDSON, PAULETTE D  
Address: 3389 BLUE RUNNER LANE  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: GRAHAM, EVAN A  
Address: 3389 BLUE RUNNER LANE  
City-St-Zip: MARGATE, FL 33063

Title: AVD ( ) Delete  
Name: DESOUZA, SASHA M  
Address: 3389 BLUE RUNNER LANE  
City-St-Zip: MARGATE, FL 33063

Title: STD ( ) Delete  
Name: ODOM, INDRA T  
Address: 3389 BLUE RUNNER LANE  
City-St-Zip: MARGATE, FL 33063

Title: DV ( ) Delete  
Name: MCCARTY, HORRACE S  
Address: 3389 BLUE RUNNER LN  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: COLEY, GIRUAN JR  
Address: 3389 BLUE RUNNER LN  
City-St-Zip: MARGATE, FL 33063

**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:

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 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 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: PAULETTE D. RICHARDSON

PD

09/10/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date