

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000023

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: THE EMBRACE GIRLS FOUNDATION, INC.

## Current Principal Place of Business:

18520 N.W. 67TH AVENUE  
SUITE #340  
MIAMI, FL 33015 US

## New Principal Place of Business:

## Current Mailing Address:

18520 N.W. 67TH AVENUE  
SUITE #340  
MIAMI, FL 33015 US

## New Mailing Address:

FEI Number: 65-1063843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LAWRENCE, VELMA R  
18520 N.W. 67TH AVENUE  
SUITE 340  
MIAMI, FL 33015 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: PD ( ) Delete  
Name: LAWRENCE, VELMA R  
Address: 18520 NW 67TH AVE., SUITE 340  
City-St-Zip: MIAMI, FL 33015

Title: CEO ( ) Delete  
Name: JACKSON, SHARON  
Address: 18520 NW 67TH AVE., SUITE 340  
City-St-Zip: MIAMI, FL 33015 US

Title: VD ( ) Delete  
Name: CLARKE, LOUELLA Y  
Address: 18520 NW 67TH AV., SUITE 340  
City-St-Zip: MIAMI, FL 33015 US

Title: SD ( ) Delete  
Name: ADEBAYO, OLANIKE  
Address: 18520 NW 67TH AVE., SUITE 340  
City-St-Zip: MIAMI, FL 33015

Title: TD ( ) Delete  
Name: PATTERSON, ANTOINETTE  
Address: 18520 NW 67TH AVE., SUITE 340  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: LAWRENCE, BARRY K  
Address: 18520 NW 67TH AVE., SUITE 340  
City-St-Zip: MIAMI, FL 33015

## 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 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: VELMA R. LAWRENCE

PD

04/20/2009

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

\_\_\_\_\_  
Date