

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004971

FILED
Apr 28, 2004
Secretary of State

Entity Name: FLORIDA CHILDREN'S ENVIRONMENTAL HEALTH ALLIANCE, INC.

Current Principal Place of Business:

11200 SW 8TH STREET, VH 210
MIAMI, FL 33199

New Principal Place of Business:

Current Mailing Address:

11200 SW 8TH STREET, VH 210
MIAMI, FL 33199

New Mailing Address:

FEI Number: 65-1147958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASANA, JANVIER DR.
11200 SW 8TH STREET, VH 210
MIAMI, FL 33199 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: C () Delete
Name: GASANA, JANVIER
Address: 11200 SW 8TH STREET, VH 210
City-St-Zip: MIAMI, FL 33199

Title: D () Delete
Name: ROSARIO, JANISSE
Address: 11200 SW 8TH ST., VH 211
City-St-Zip: MIAMI, FL 33199

Title: D () Delete
Name: LAFORTUNE, JEAN R
Address: 11200 SW STH ST., VH 210
City-St-Zip: MIAMI, FL 33199

Title: D () Delete
Name: TAFARI, IDA
Address: 11200 SW 8TH ST., VH 210
City-St-Zip: MIAMI, FL 33199

Title: D () Delete
Name: SMITH, KRIS
Address: 300 BISCAYNE BLVD. WEST SUITE 919
City-St-Zip: MIAMI, FL 33131

Title: DR. () Delete
Name: MCCOY, VIRGINIA H PHD
Address: 3000 NE 151 ACI 394D
City-St-Zip: NORTH MIAMI, FL 331813600

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: JANVIER GASANA

DR.

04/28/2004

Electronic Signature of Signing Officer or Director

Date