

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006911

FILED
Mar 26, 2005
Secretary of State

Entity Name: WHAT ABOUT THE CHILDREN FOUNDATION, INC.

Current Principal Place of Business:

2255 NW 195TH ST
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2255 NW 195TH ST
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-1151093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEARE, KIMBERLY
2255 NW 195TH ST
MIAMI, FL 33056 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: CLEARE, EDMUND
Address: 2255 NW 195TH ST
City-St-Zip: MIAMI, FL 33056

Title: VD () Delete
Name: CLEARE, KIMBERLY
Address: 2255 NW 195TH ST
City-St-Zip: MIAMI, FL 33056

Title: DT () Delete
Name: ROBINSON, ZULEMA
Address: 17101 N.W 43RD CT
City-St-Zip: MIAMI, FL 33054

Title: DT () Delete
Name: MOORE, KAREN
Address: 2521 N.W 206TH STR
City-St-Zip: MIAMI, FL 33056

Title: DS () Delete
Name: BONTON, TRANEE
Address: 20021 N.W. 33RD AVE
City-St-Zip: MIAMI, FL 33056

Title: DS () Delete
Name: PERDUE, EDDIE
Address: 2501 N.W. 206TH STR
City-St-Zip: MIAMI, FL 33056

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: KIMBERLY CLEARE

VP

03/26/2005

Electronic Signature of Signing Officer or Director

Date