2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01000007766

Entity Name: FOUNDATION TO SUPPORT MOTHER & UNBORN CHILD, INC.

Current Principal Place of Business:

432 HIGH ST.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

432 HIGH ST.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-1143231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERNA, VERA
432 HIGH ST.
BOCA RATON, FL 33432 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: D ( ) Delete
Name: VERNA, VERA
Address: 432 HIGH ST.
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: SHARKEY, JACKIE
Address: 1012 CITRUS ISLE
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: D ( ) Delete
Name: ST JEAN, CLAIRE
Address: 4635 NW 2ND TERRACE
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BURLE, SR. PHILLIP MARIE
Address: 204 N. MAIN STREET
City-St-Zip: O, MO 63366

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: HERNANDEZ, JOSE G
Address: 517 N.W. 52ND STREET
City-St-Zip: BOCA RATON, FL 33487

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: VERA VERNA D 04/30/2009

Electronic Signature of Signing Officer or Director — Date