2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007952

FILED Mar 23, 2009 Secretary of State

Entity Name: ALLIANCE FOR FAMILIES WITH DEAF CHILDREN, INC.

Current Principal Place of Business:				New Principal Place of Business:			
1350 EAST SUNRISE BOULEVARD				700 EAST ATLANTIC BLVD.			
SUITE 105 FT. LAUDERDALE, FL 33304				SUITE 307 POMPANO BEACH, FL 33060			
Current Mailing Address:				New Mailing Address:			
1350 EAST SUNRISE BOULEVARD SUITE 105 FT. LAUDERDALE, FL 33304				700 EAST ATLANTIC BLVD. SUITE 307 POMPANO BEACH, FL 33060			
FEI Number:		FEI Number Applied For ()	FEI Nur	nber Not Appl		Certificate of Status Des	ired (X)
Name and	Address of 0	Current Registered Agent:		Name and	Address of	New Registered Agent	t:
JONES, JENNIFER 812 WEST PLANTATION CIRCLE PLANTATION, FL 33324 US The above named entity submits this statement for the purpose o				JONES, JENNIFER 13278 NW 5TH STREET PLANTATION, FL 33325 US of changing its registered office or registered agent, or both,			
	of Florida.						
SIGNATUR	RE: JENNIFE	R JONES nic Signature of Registered Age	nt			03/23/2009 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D (LANDER, RANI 10160 SW 1ST PLANTATION,	COURT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (COWART, LYS 8103 NW 73RI TAMARAC, FL	TERRACE		Title: Name: Address: City-St-Zip:	FILKINS, ERIO 440 SOUTH F	X) Change () Addition CMR EDERAL HIGHWAY SUITE 2 BEACH, FL 33441	04
Title: Name: Address: City-St-Zip:	D (ULISS, BETSY 8618 VIA GIAR BOCA RATON	DINO		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	MCCARTHY, K 703 NORTH FL) Delete ARMEL MRS AMINGO ROAD NES, FL 33028		Title: Name: Address: City-St-Zip:	O (2 NEUMAN, ERI 8599 VIA GIAI BOCA RATON	RDINO	
Title: Name: Address: City-St-Zip:	O (HOFF, ERIKA 2912 COLLEG DAVIE, FL 333	E AVENUE		Title: Name: Address: City-St-Zip:	O () AQUINO, JULI 7281 SIDONIA BOCA RATON	A COURT	
Title: Name: Address: City-St-Zip:	STACEY, DANI	PALM BOULEVARD APT. 204		Title: 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: JENNIFER JONES ED 03/23/2009