

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006997

FILED
Jun 09, 2006
Secretary of State

Entity Name: CHILDREN CARE FOUNDATION,INC.

Current Principal Place of Business:

243 KANSAS AVE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 120035
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 74-3062519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, CARINE
243 KANSAS AVE
FORT LAUDERDALE, FL, FL 33312 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: OFFI () Delete
Name: BOURSIQUOT, PHILIPPE OFFICER
Address: 5568 SW 7 COURT
City-St-Zip: MARGATE, FL 33068

Title: OFFI () Delete
Name: PRESSA, WILFRID M OFFICER
Address: 281 S KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: DIRE () Delete
Name: JONES, CARINE DIRECTO
Address: 243 KANSAS AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: OFFI () Delete
Name: AUREL, TAMARA DIRECTO
Address: 243 KANSAS AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI (X) Change () Addition
Name: AUREL, FANANTHE OFFICER
Address: 243 KANSAS AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

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 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: CARINE DESHOMMES JONES

DIRE

06/09/2006

Electronic Signature of Signing Officer or Director

Date