# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 11, 2007**
**Secretary of State**

DOCUMENT# N02000006997

**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: AUREL, FANANTHE OFFICER
Address: 243 KANSAS AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

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

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

**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: OFFI ( ) Change (X) Addition
Name: JEAN, JEAN
Address: 6582 SPRING MEADOWS DR
City-St-Zip: GREENACRES, FL 33413

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: CARINE JONES RA 05/11/2007

Electronic Signature of Signing Officer or Director — Date