

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007785

FILED
May 26, 2009
Secretary of State

Entity Name: HEART OF ROMANIA'S CHILDREN FOUNDATION, INC.

Current Principal Place of Business:

399 FAIRFIELD DR
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

399 FAIRFIELD DR
SANFORD, FL 32771

New Mailing Address:

FEI Number: 27-0032167 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

PAUNA, ZAMFIRA
399 FAIRFIELD DR
SANFORD, FL 32771 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: DP () Delete
Name: PAUNA, ZAMFIRA
Address: 399 FAIRFIELD DR
City-St-Zip: SANFORD, FL 32771

Title: DT () Delete
Name: ILIE, BUCUR-NACU
Address: 399 FAIRFIELD
City-St-Zip: SANFORD, FL 32771

Title: DV () Delete
Name: BURLACU, IOANA
Address: 9401 CHANDON DR
City-St-Zip: ORLANDO, FL 32825

Title: S () Delete
Name: GABRIELA -OANA, PREDA
Address: 399 FAIRFIELD DR
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: DANIELA, BURLACU
Address: 9401 CHANDON DR
City-St-Zip: ORLANDO, FL 32825

Title: DP () Delete
Name: OVIDIU, PAUNA
Address: 106 OAKRIDGE CT
City-St-Zip: SANFORD, FL 32773

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: DV (X) Change () Addition
Name: ANNAMARIE, PAUNA
Address: 106 OAKRIDGE CT
City-St-Zip: SANFORD, FL 32825

Title: () Change () Addition
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: ZAMFIRA PAUNA

DP

05/26/2009

Electronic Signature of Signing Officer or Director

Date