

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000021

FILED  
Aug 04, 2009  
Secretary of State

**Entity Name:** WORLD CHILDREN RESCUE, INCORPORATED

**Current Principal Place of Business:**

1520 NOS 9TH AVE  
FORT MYERS, FL 33911

**New Principal Place of Business:**

1520 NW 9TH AVF  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

1520 NOS 9TH AVE  
FORT MYERS, FL 33911

**New Mailing Address:**

1520 NW 9TH AVE  
FORT LAUDERDALE, FL 33311

FEI Number: 06-1672469      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:**

**Name and Address of New Registered Agent:**

HARDEN, JONATHAN  
1520 NW 9TH AVE  
FORT LAUDERDALE, FL 33311      US

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: P      ( ) Delete  
Name: HARDEN, JONATHAN  
Address: 1520 NW 9TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JONATHAN HARDEN

P

08/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date