

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000397

FILED
May 19, 2008
Secretary of State

Entity Name: CHILDREN RELIEF CENTER, INC.

Current Principal Place of Business:

P O BOX 473
BOCA RATON, FL 33429

New Principal Place of Business:

Current Mailing Address:

P O BOX 473
BOCA RATON, FL 33429

New Mailing Address:

FEI Number: 01-0762110 **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:

SENAT, WESTMAN
P. O BOX 473
BOCA RATON, FL 33429 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: PD () Delete
Name: SENAT, WESTMAN
Address: P O BOX 473
City-St-Zip: BOCA RATON, FL 33429

Title: VP () Delete
Name: PAIVA, LUIZ
Address: 10788 CYPRESS LAKE TERRACE
City-St-Zip: BOCA RATON, FL 33484

Title: SD () Delete
Name: DESIR, MARIE LINE
Address: 9374 SW 3RD STREET
City-St-Zip: BOCA RATON, FL 33428

Title: TD () Delete
Name: PAIVA, MARCIA
Address: 10788 CYPRESS LAKE TERRACE
City-St-Zip: BOCA RATON, FL 33498

Title: SD () Delete
Name: SENAT, MYRTHA
Address: P O BOX 473
City-St-Zip: BOCA RATON, FL 33429

Title: TD () Delete
Name: ROUSSEAU, ELY
Address: 7237 COPPITT KEY STREET
City-St-Zip: LAKE WORTH, FL 33467

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: () 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 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: WESTMAN SENAT

PD

05/19/2008

Electronic Signature of Signing Officer or Director

Date