2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N03000000687

Entity Name: FOUNDATION FOR GRIEVING CHILDREN, INC.

Current Principal Place of Business:

210 WEST SABAL PALM PLACE
LONGWOOD, FL 327793647

New Principal Place of Business:

Current Mailing Address:

PO BOX 917675
LONGWOOD, FL 327917675

New Mailing Address:

FEI Number: 81-0598482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCAMBRIDGE, MARY M
210 WEST SABAL PALM PLACE
LONGWOOD, FL 327793647 US

Name and Address of New Registered Agent:

MCCAMBRIDGE, MARY M
P.O. BOX 917674
LONGWOOD, FL 327917674 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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MS. ( ) Delete
Name: MCCAMBRIDGE, MARY M C/P
Address: 210 WEST SABAL PALM PLACE
City-St-Zip: LONGWOOD, FL 32779 US

Title: MR. ( ) Delete
Name: WEAD, DOUGLAS VICECH
Address: 1072 CEDAR CHASE COURT
City-St-Zip: HERNDON, VA 20170 US

Title: MS. ( ) Delete
Name: PILSON, MINNIE S/T
Address: 116 OVEROAKS PLACE
City-St-Zip: SANFORD, FL 32771 US

Title: MR. ( ) Delete
Name: HOLLAND, DENNIS D
Address: 20 GEORGE STREET
City-St-Zip: LOCUST VALLEY, NY 11560 US

Title: MS. ( ) Delete
Name: ARNONE, MARIA M D
Address: 14 HICKORY STREET, #B3
City-St-Zip: NEW ROCHELLE, NY 10805 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change ( ) Addition
Name: MCCAMBRIDGE, MARY M C/P
Address: P.O. BOX 917674
City-St-Zip: LONGWOOD, FL 32791 US

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 for the exemption stated in Section 119.07(3)(i), 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: MARY M. MCCAMBRIDGE C/P 04/29/2005
Electronic Signature of Signing Officer or Director — Date