

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000687

FILED
May 02, 2007
Secretary of State

Entity Name: FOUNDATION FOR GRIEVING CHILDREN, INC.

Current Principal Place of Business:

17 BATTERY PLACE
SUITE 923
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

17 BATTERY PLACE
SUITE 923
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 81-0598482 **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:

MCCAMBRIDGE, MARY M
657 SMOKERISE BOULEVARD
LONGWOOD, FL 32779 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: MS. () Delete
Name: MCCAMBRIDGE, MARY M C/P
Address: 657 SMOKERISE BOULEVARD
City-St-Zip: LONGWOOD, FL 32779 US

Title: MR. () Delete
Name: WEAD, R. DOUGLAS VICECH
Address: 15070 SAWGRASS PLACE
City-St-Zip: HAYMARKET, VA 20169 US

Title: MS. () Delete
Name: PILSON, MINNIE S/T
Address: 689 BROAD OAK LOOP
City-St-Zip: SANFORD, FL 32771 US

Title: MS. () Delete
Name: SEQUENZIA, CAROL W D
Address: 54B HAWTHORNE AVENUE
City-St-Zip: PARK RIDGE, NJ 07656 US

Title: MR. () Delete
Name: GRECH, THOMAS D
Address: 56 NASSAU BOULEVARD
City-St-Zip: MALVERNE, NY 11565 US

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:

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: MARY M. MCCAMBRIDGE

C/P

05/02/2007

Electronic Signature of Signing Officer or Director

Date