

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000687

FILED  
Apr 15, 2008  
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 ( )**

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

MCCAMBRIDGE, MARY M  
657 SMOKERISE BOULEVARD  
LONGWOOD, FL 32779 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: 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: MS. (X) Change ( ) Addition  
Name: PILSON, MINNIE S/T  
Address: 1146 TRAVERTINE TERRACE  
City-St-Zip: SANFORD, FL 32771 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MS. (X) Change ( ) Addition  
Name: CONWAY, JANE A D  
Address: 15 EAST 10TH STREET  
City-St-Zip: NEW YORK, NY 10003 US

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

04/15/2008

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

\_\_\_\_\_  
Date