

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000687

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** FOUNDATION FOR GRIEVING CHILDREN, INC.

**Current Principal Place of Business:**

2223 WEKIVA VILLAGE LANE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 162143  
ALTAMONTE SPRINGS, FL 32716

**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.  
**Name:** MCCAMBRIDGE, MARY M D/P  
**Address:** 657 SMOKERISE BOULEVARD  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** MR.  
**Name:** WEAD, R. DOUGLAS D  
**Address:** 15070 SAWGRASS PLACE  
**City-St-Zip:** HAYMARKET, VA 20169 US

**Title:** MR.  
**Name:** SIMAS, STEPHEN P V/C  
**Address:** 120 WAMPUM LANE  
**City-St-Zip:** WEST ISLIP, NY 11795 US

**Title:** MRS.  
**Name:** REINDEL, CAROL W C  
**Address:** 569 KNOLL DRIVE  
**City-St-Zip:** RIVER VALE, NJ 07675 US

**Title:** MS.  
**Name:** CONWAY, JANE A S  
**Address:** 15 EAST 10TH STREET  
**City-St-Zip:** NEW YORK, NY 10003 US

**Title:** MR.  
**Name:** WILSON, MICHAEL M T  
**Address:** 1 CEDAR STREET  
**City-St-Zip:** BUTLER, NJ 07405

I hereby 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 all other like empowered.

**SIGNATURE:** MARY M. MCCAMBRIDGE

D/P

04/30/2012

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

\_\_\_\_\_  
Date