

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002175

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** NATIONAL AID FOUNDATION FOR UNPROVIDED CHILDREN, INC.

**Current Principal Place of Business:**

865 NW 49 AVENUE  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

865 NW 49 AVENUE  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-1178733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EACCOUNTANTSMALL.COM, LLC  
2331 NE 5 AVENUE  
POMPANO BEACH, FL 33064 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: PD ( ) Delete  
Name: OLIVIER, ROSE E  
Address: 865 NW 49 AVENUE  
City-St-Zip: PLANTATION, FL 33317

Title: VD ( ) Delete  
Name: PETIT-FRERE, MARIE J  
Address: 9958 RAMBLEWOOD DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD ( ) Delete  
Name: MARIE ANGE PRISCILLE, JEANNOT  
Address: 865 NW 49 AVENUE  
City-St-Zip: PLANTATION, FL 33317

Title: TD ( ) Delete  
Name: CARRIE, ZELINE  
Address: 9958 RAMBLEWOOD DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33317

**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:

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: ROSE ESTHER OLIVIER

PD

04/30/2005

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

\_\_\_\_\_  
Date