2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002175

FILED May 01, 2009 Secretary of State

Entity Na	me: NATIONAL AID FOUNDATION FOR U	NPROVIDED CHILDREN, INC.
Current Principal Place of Business:		New Principal Place of Business:
865 NW 49 AVENUE PLANTATION, FL 33317		1321 NE 4TH AVENUE FORT LAUDERDALE, FL 33304
Current Mailing Address:		New Mailing Address:
865 NW 49 AVENUE PLANTATION, FL 33317		1321 NE 4TH AVENUE FORT LAUDERDALE, FL 33304
In accordan	: 65-1178733 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did n I Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () ot receive the prior notice. Name and Address of New Registered Agent:
2331 NE 5 POMPANO	O BEACH, FL 33064 US	EACCOUNTANTSMALL.COM, LLC 2325 NE 5 AVENUE POMPANO BEACH, FL 33064 US
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: JEAN MARIE OLIVIER FOR EACCOU	
	Electronic Signature of Registered Ag	ent Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () Delete OLIVIER, ROSE E 865 NW 49 AVENUE PLANTATION, FL 33317	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPSD () Delete MARIE ANGE PRISCILLE JEANNOT 865 NW 49 AVENUE PLANTATION, FL 33317	Title: VP (X) Change () Addition Name: MARIE ANGE PRISCILLE JEANNOT Address: 865 NW 49 AVENUE City-St-Zip: PLANTATION, FL 33317
Title: Name: Address: City-St-Zip:	TD () Delete CARRIE, ZELINE 9958 RAMBLEWOOD DRIVE CORAL SPRINGS, FL 33317	Title: TD (X) Change () Addition Name: CARRIE, ZELINE Address: 9958 RAMBLEWOOD DRIVE City-St-Zip: CORAL SPRINGS, FL 33067
Title: Name: Address:	() Delete	Title: SD () Change (X) Addition Name: MARIE JEANNETTE, PETIT FRERE Address: 9958 RAMBLEWOOD ROAD
City-St-Zip:		City-St-Zip: CORAL SPRINGS, FL 33067

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: ROSE ESTHER OLIVIER Ρ 05/01/2009