

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003149

FILED
May 03, 2007
Secretary of State

Entity Name: CHILDRENFIRST! OF MIAMI FOUNDATION, INC.

Current Principal Place of Business:

315 CADIMA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

315 CADIMA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 75-3112000 **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:

LYNCH, BILL
315 CADIMA AVE
CORAL GABLES, FL 33134 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: PRES () Delete
Name: LYNCH, BILL
Address: 315 CADIMA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: V. P () Delete
Name: REYNOLDS, JULISSA
Address: 315 CADIMA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC () Delete
Name: GAMBOA, ANGELA
Address: 315 CADIMA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR () Delete
Name: REYNOLDS, ALFREDO
Address: 315 CADIMA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR () Delete
Name: ASENSI, JACOBO
Address: 315 CADIMA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LYNCH, WILLIAM P MR.
Address: 315 CADIMA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: V. P (X) Change () Addition
Name: REYNOLDS-LYNCH, JULISSA M MRS.
Address: 315 CADIMA AVE
City-St-Zip: CORAL GABLES, FL 33134

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

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

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: WILLIAM P. LYNCH

MR.

05/03/2007

Electronic Signature of Signing Officer or Director

Date