

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010583

FILED
Apr 09, 2008
Secretary of State

Entity Name: THE CHILD-SUPPORT ENFORCEMENT FOUNDATION, INC.

Current Principal Place of Business:

1919 NORTH STATE ROAD 7
SUITE 107
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

1919 NORTH STATE ROAD 7
SUITE 107
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 75-3140549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, PETE
1919 NORTH STATE ROAD 7
SUITE 201A
MARGATE, FL 33063 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: D () Delete
Name: RUSIN, STEVE A
Address: 5423 QUEENSHIP CT
City-St-Zip: GREENACRES, FL 33463 US

Title: D () Delete
Name: MCDONALD, PETE W
Address: 7546 NW 25TH STREET
City-St-Zip: MARGATE, FL 33063 US

Title: D () Delete
Name: MCDONALD, DIANA-KAY E
Address: 7546 NW 25 STREET
City-St-Zip: MARGATE, FL 33063 US

Title: T () Delete
Name: MCDONALD, DIANE M
Address: 1919 N. STATE ROAD 7 # 107
City-St-Zip: MARGATE, FL 33063 US

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 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: PETE MCDONALD

D

04/09/2008

Electronic Signature of Signing Officer or Director

_____ Date