

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005881

FILED
Apr 25, 2009
Secretary of State

Entity Name: BANGLADESH-AMERICAN CHILDREN AND WOMEN'S WELFARE ASSOCIATION, INC.

Current Principal Place of Business:

5576 BOYNTON PLACE CIR.
BOYNTON BCH, FL 33437

New Principal Place of Business:

Current Mailing Address:

5576 BOYNTON PLACE CIR.
BOYNTON BCH, FL 33437

New Mailing Address:

FEI Number: 20-2096082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, DAVID W
100 NE 5TH AVE.
DELRAY BCH, FL 33483 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: PSD () Delete
Name: HAROON, LAILA
Address: 5576 BOYNTON PLACE CIR
City-St-Zip: BOYNTON BCH, FL 33437

Title: D () Delete
Name: HAROON, SARKER
Address: 5576 BOYNTON PLACE CIR.
City-St-Zip: BOYNTON BCH, FL 33437

Title: D () Delete
Name: HAROON, UPOHER
Address: 5576 BOYNTON PLACE CIR.
City-St-Zip: BOYNTON BCH, FL 33437

Title: D () Delete
Name: AHMED, SULTAN S
Address: 5576 BOYNTON PLACE CIR.
City-St-Zip: BOYNTON BCH, FL 33437

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: LAILA HAROON

PSD

04/25/2009

Electronic Signature of Signing Officer or Director

Date