


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011029	
1. Entity Name CHILDRENS HIMALAYAN FOUNDATION, INC.	

Principal Place of Business 1430 CRESTVIEW DR MT DORA, FL 32757	Mailing Address 1430 CRESTVIEW DR MT DORA, FL 32757
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04132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1883256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HEALY, THOMAS 1430 CRESTVIEW DR MT DORA, FL 32757
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas J. Healy (NOTE: Registered Agent signature required when terminating) DATE 4/18/06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEALY, MAURA 1430 CRESTVIEW DR MT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TANSEY, VONA 1430 CRESTVIEW DR MT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HEALY, THOMAS 1430 CRESTVIEW DR MT DORA, FL 32757
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05/02/06-80127-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas J. Healy 4/18/06 (352) 385 0005