

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011029

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** CHILDRENS HIMALAYAN FOUNDATION, INC.

**Current Principal Place of Business:**

922 CANCUN CT  
THE VILLAGES, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

922 CANCUN CT  
THE VILLAGES, FL 32159

**New Mailing Address:**

**FEI Number:** 20-1883256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEALY, THOMAS  
922 CANCUN CT  
THE VILLAGES, FL 32159 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: PD ( ) Delete  
Name: HEALY, MAURA  
Address: 922 CANCUN CT  
City-St-Zip: THE VILLAGES, FL 32159

Title: VD ( ) Delete  
Name: TANSEY, VONA  
Address: 922 CANCUN CT  
City-St-Zip: THE VILLAGES, FL 32159

Title: SD ( ) Delete  
Name: HEALY, THOMAS  
Address: 922 CANCUN CT  
City-St-Zip: THE VILLAGES, FL 32159

**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:

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: MAURA HEALY

PD

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date