


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000004115**

1. Entity Name  
 INTERNATIONAL FOUNDATION FOR CHILDREN WITH CRANIOFACIAL DISORDERS, INC.



Principal Place of Business  
 250 DIXIE BLVD  
 DELRAY BEACH, FL 33444

Mailing Address  
 250 DIXIE BLVD  
 DELRAY BEACH, FL 33444



02052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-4762296

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WESTINE, JOHN R DR  
 250 DIXIE BLVD  
 DELRAY BEACH, FL 33444

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE: D  
 NAME: WESTINE, JOHN R DR  
 STREET ADDRESS: 250 DIXIE BLVD  
 CITY-ST-ZIP: DELRAY BEACH, FL 33444

TITLE: D  
 NAME: GURALNICK, WALTER C DR  
 STREET ADDRESS: 118 WALLIS ROAD  
 CITY-ST-ZIP: CHESTNUT HILL, MA 02467

TITLE: D  
 NAME: LANKA, JAY T DR  
 STREET ADDRESS: PO BOX 9495  
 CITY-ST-ZIP: SCHENECTADY, NY 12309

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

U00000819586  
 02/15/08-80090-008 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: John R Westine Date: 2/5/08 Daytime Phone #: 501-278-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR