


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90827 007 ****61.25

DOCUMENT # N05000008270					
1. Entity Name UDONIS HASLEM CHILDREN'S FOUNDATION, INC.					
Principal Place of Business 6637 BOXWOOD DR. MIRAMAR, FL 33023			Mailing Address 6637 BOXWOOD DR. MIRAMAR, FL 33023		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03192007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-3303133				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOOTEN, BARBARA 6637 BOXWOOD DR. MIRAMAR, FL 33023			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME HASLEM, UDONIS STREET ADDRESS 20810 WEST DIXIE HIGHWAY CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete		TITLE SOCOL, ROBERT - Treasurer NAME 20810 West Dixie Highway STREET ADDRESS North Miami Beach, FL 33180 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HENDERSON, KAREN STREET ADDRESS 7637 HARBOUR BLVD CITY-ST-ZIP MIRAMAR, FL 33023	<input type="checkbox"/> Delete		TITLE HASLEM, DEBRA - Vice President NAME 20810 West Dixie Highway STREET ADDRESS North Miami Beach, FL 33180 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME WOOTEN, BARBARA STREET ADDRESS 6637 BOXWOOD DR. CITY-ST-ZIP MIRAMAR, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME NEWSOM, JACQUELINE STREET ADDRESS 20810 WEST DIXIE HIGHWAY CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME LAWTON, BERNICE STREET ADDRESS 1860 NW 170TH STREET CITY-ST-ZIP OPA LOCKA, FL 33056	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TRES NAME JOHNSON, CAROLYN STREET ADDRESS 1778 NW 74 TERR CITY-ST-ZIP MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Barbara M. Wooten</i> 4/23/07 974-518-9853					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					