2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N05000008270

Entity Name: UDONIS HASLEM CHILDREN'S FOUNDATION, INC.

Current Principal Place of Business:

6637 BOXWOOD DR.
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

6637 BOXWOOD DR.
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 20-3303133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOTEN, BARBARA
6637 BOXWOOD DR.
MIRAMAR, FL 33023 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:	D	( ) Delete
Name:	HASLEM, UDONIS	
Address:	20810 WEST DIXIE HIGHWAY	
City-St-Zip:	NORTH MIAMI BEACH, FL 33180 US	
Title:	D	( ) Delete
Name:	HENDERSON, KAREN	
Address:	7637 HARBOUR BLVD	
City-St-Zip:	MIRAMAR, FL 33023 US	
Title:	P	( ) Delete
Name:	WOOTEN, BARBARA	
Address:	6637 BOXWOOD DR.	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	VP	( ) Delete
Name:	NEWSOM, JACQUELINE	
Address:	20810 WEST DIXIE HIGHWAY	
City-St-Zip:	NORTH MIAMI BEACH, FL 33180 US	
Title:	SEC	( ) Delete
Name:	LAWTON, BERNICE	
Address:	1860 NW 170TH STREET	
City-St-Zip:	OPA LOCKA, FL 33056 US	
Title:	TRES	( ) Delete
Name:	SOCOL, ROBERT	
Address:	20810 WEST DIXIE HIGHWAY	
City-St-Zip:	NORTH MIAMI BEACH, FL 33180 US	

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:	
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: BARBARA WOOTEN P 04/21/2008

Electronic Signature of Signing Officer or Director — Date