

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008270

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

6637 BOXWOOD DR.
MIRAMAR, FL 33023

New Principal Place of Business:

6637 BOXWOOD DR.
MIRAMAR, FL 33023 US

Current Mailing Address:

6637 BOXWOOD DR.
MIRAMAR, FL 33023

New Mailing Address:

6637 BOXWOOD DR.
MIRAMAR, FL 33023 US

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
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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

04/30/2009

Electronic Signature of Signing Officer or Director

Date