

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011426

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CUBAN CHILDREN FUND, INC.

**Current Principal Place of Business:**

6967 GRANDE VISTA WAY  
SAINT PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 67184  
ST. PETERSBURG BCH, FL 33736

**New Mailing Address:**

FEI Number: 20-3903349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NIESET, JAMES R  
6740-D CROSSWINDS DR. NORTH  
ST. PETERSBURG, FL 33710 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: VD (X) Delete  
Name: GALLO, KELLY A  
Address: 6809 PARK ST  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: PD ( ) Delete  
Name: FOSTER, EDWARD J JR.  
Address: 6967 GRANDE VISTA WAY  
City-St-Zip: SOUTH PASADENA, FL 33707

Title: STD ( ) Delete  
Name: HERNANDEZ, RAMON  
Address: 5820 N. CHURCH AVE., #317  
City-St-Zip: TAMPA, FL 33614

**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: EDWARD J. FOSTER, JR.

PD

04/28/2009

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

\_\_\_\_\_  
Date