

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000012926

1. Entity Name  
C.R.I.E.D. SIDS FOUNDATION, INC.



FILED

06 OCT 19 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7525 169TH PL. N  
PALM BEACH GARDENS, FL 33418

Mailing Address  
7525 169TH PL. N  
PALM BEACH GARDENS, FL 33418



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
37-1517580

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

NIEVES, MATILDA  
7525 169TH PL. N  
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Founder, President	<input type="checkbox"/> Delete
NAME	NIEVES, MATILDA	
STREET ADDRESS	7525 169TH ST NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	<del>VP</del>	<del><input type="checkbox"/> Delete</del>
NAME	<del>JOHNSON, MARY</del>	
STREET ADDRESS	<del>842 MADISON CT</del>	
CITY-ST-ZIP	<del>PALM BEACH GARDENS, FL 33418</del>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEWART, LORI	
STREET ADDRESS	15184 81ST TERR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	P	<input type="checkbox"/> Delete
NAME	NIEVES, CINDY	
STREET ADDRESS	7525 169TH ST NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	Carmelo Nieves	<input type="checkbox"/> Delete
NAME	4120 NW 18TH DR	
STREET ADDRESS	GAINESVILLE FL 32605	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STEWART, LORI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15184 81ST TERR	
STREET ADDRESS	Palm Beach Gardens, FL 33418	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900081025939	
CITY-ST-ZIP	10/19/06--01036--003 **\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A9 w/24	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Signature]*

10-17-06