2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N05000012926

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 37-1517580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIEVES, MATILDA
7525 169TH PL. N
PALM BEACH GARDENS, FL 33418 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: FP ( ) Delete
Name: NIEVES, MATILDA
Address: 7525 169TH ST NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: M ( ) Delete
Name: STEWART, LORI
Address: 15184 81ST TERR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: P ( ) Delete
Name: NIEVES, CINDY
Address: 7525 169TH ST NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: M ( ) Delete
Name: NIEVES, CARMELO
Address: 4120 NW 18TH DR
City-St-Zip: GAINESVILLE, FL 32605

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:

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: MATILDA NIEVES F/P 02/05/2009

Electronic Signature of Signing Officer or Director — Date