

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012926

FILED  
Mar 03, 2010  
Secretary of State

**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  
Name: NIEVES, MATILDA  
Address: 7525 169TH ST NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MATILDA NIEVES

F/P

03/03/2010

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

\_\_\_\_\_  
Date