

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000070

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** FOUNDATION FOR COLORING AWAY PAIN, INC.

**Current Principal Place of Business:**

4300 S.W. 141ST AVE.  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 279051  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 20-3963120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRESSLEY-HERRICK, KIMBERLY  
4300 S.W. 141ST AVE.  
MIRAMAR, FL 33027 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: P  
Name: PRESSLEY-HERRICK, KIMBERLY  
Address: 4300 S.W. 141ST AVE.  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: HERRICK, STEPHANIE  
Address: 4290 S.W. 141ST AVE.  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: COHEN, RHODA S  
Address: 350 S. HOLLYBROOK TER., BLDG. 49, APT. 104  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D  
Name: MARBLE, KAREN  
Address: 6891 SCOTT STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D  
Name: KATZ, MARCIA  
Address: 3 MADRID LANE  
City-St-Zip: DAVIE, FL 33324

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: KIMBERLY PRESSLEY-HERRICK

P

04/27/2010

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

\_\_\_\_\_  
Date