

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000070

FILED
May 01, 2011
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

05/01/2011

Electronic Signature of Signing Officer or Director

Date