2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N06000002125

Entity Name: CHILDREN'S HEALTHCARE CHARITY, INC.

Current Principal Place of Business:

CHILDREN'S HEALTHCARE CHARITY INC.
631 US HIGHWAY #1 #410
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

CHILDREN'S HEALTHCARE CHARITY INC.
631 US HIGHWAY #1 #410
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 20-4394654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IGP MANAGEMENT LLC
631 US HIGHWAY #1 #410
NORTH PALM BEACH, FL 33408 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:	PRS	( ) Delete
Name:	BREMER, PAUL C	
Address:	176 SATINWOOD LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	CHR	( ) Delete
Name:	NICKLAUS, GARY	
Address:	11780 U.S. HWY ONE STE 500	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	SEC	( ) Delete
Name:	VOGELSANG, STEPHEN G	
Address:	777 SOUTH FLAGER DRIVE STE 500 EAST	
City-St-Zip:	WEST PALM BEACH, FL 33480	
Title:	TRS	( ) Delete
Name:	JOSEPH R. RUSSO	
Address:	4400 PGA BLVD SUITE #900	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

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: PAUL BREMER PRS 04/15/2009

Electronic Signature of Signing Officer or Director — Date