

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 06, 2010
Secretary of State

DOCUMENT# N06000007318

Entity Name: THE COALITION TO DEFEAT CHILDHOOD OBESITY, INC.**Current Principal Place of Business:**600 NORTHERN WAY
#1803
WINTER SPRINGS, FL 32708 US**New Principal Place of Business:**1149 EXCELLER CT
#205
CASSELBERRY, FL 32707 US**Current Mailing Address:**600 NORTHERN WAY
#1803
WINTER SPRINGS, FL 32708 US**New Mailing Address:**1149 EXCELLER CT
#205
CASSELBERRY, FL 32707 US**FEI Number:** 20-5177649**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AGOSTINI, AUGUSTO
600 NORTHERN WAY
#1803
WINTER SPRINGS, FL 32708 US**Name and Address of New Registered Agent:**AGOSTINI, AUGUSTO
1149 EXCELLER CT.
#205
CASSELBERRY, FL 32707 US

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: AUGUSTO AGOSTINI

12/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: AGOSTINI, AUGUSTO
Address: 1149 EXCELLER CT. SUITE #205
City-St-Zip: CASSELBERRY, FL 32707 US

Title: SEC
Name: AGOSTINI, AUGUSTO
Address: 1149 EXCELLER CT. SUITE #205
City-St-Zip: CASSELBERRY, FL 32707 US

Title: TRES
Name: RIVERA, SANTOS
Address: 1400 N. SEMORAN BLVD. - SUITE G
City-St-Zip: ORLANDO, FL 32807 US

Title: VP
Name: TORRES, HERFEL
Address: 1149 EXCELLER CT. SUITE #205
City-St-Zip: CASSELBERRY, FL 32707

Title: DIRE
Name: VANCE, TONYA R
Address: 1412 YALE ST.
City-St-Zip: ORLANDO, FL 32804

Title: DIRE
Name: RODRIGUEZ, FERNANDO
Address: 620 WEST - 77TH STREET
City-St-Zip: HIALEAH, FL 33014

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: HERFEL TORRES

VP

12/06/2010

Electronic Signature of Signing Officer or Director

Date