

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010741

FILED
May 13, 2008
Secretary of State

Entity Name: THE CHILDREN OF ABRAHAM FOUNDATION, INC.

Current Principal Place of Business:

789 BAYBREEZE LANE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

PO BOX 161476
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 26-1250057 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CALISH, ED
789 BAYBREEZE LANE
ALTAMONTE SPRINGS, FL 32714 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALISH, ED
Address: 789 BAYBREEZE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: KAPLAN, HOWARD
Address: 4348 S KIRKMAN ROAD #813
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: KAPLAN, LISA
Address: 4348 S KIRKMAN ROAD #813
City-St-Zip: ORLANDO, FL 32811

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:

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: ED CALISH

D

05/13/2008

Electronic Signature of Signing Officer or Director

Date