

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N06000012821

1. Entity Name

NEVE MICHAEL CHILDREN'S VILLAGE, INC.



**FILED
Apr 30, 2008 8:00 am
Secretary of State**

04-30-2008 90161 013 ****70.00



1st MOORE CR2E037 (10/07)

Principal Place of Business Mailing Address
1300 ST CHARLES PLACE
SUITE 310
PEMBROKE PINES FL 33026
1300 ST CHARLES PLACE
SUITE 310
PEMBROKE PINES FL 33026

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. *As ABOVE* Suite, Apt. #, etc. *As ABOVE*
City & State *As ABOVE* City & State *As ABOVE*
Zip Country Zip Country

4. FEI Number **AP-PLIED FOR** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
*JOHN ALAN BESO
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE FL 33309*

7. Name and Address of New Registered Agent
Name **JACK A. STROMFELD**
Street Address (P.O. Box Number is Not Acceptable)
1800 ST. CHARLES PL #310
City **PEMBROKE PINES FL** Zip Code **33026**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jack A. Stromfeld*

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW - FEE IS \$61.25 9. Election Campaign Financing
Due By May 1, 2008 Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STROMFELD, JACK 1300 ST CHARLES PLACE, SUITE 310 PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ENNIS, LORELI 3455 STALLION LANE WESTON FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRANK, CRAIG 2631 REGALIA WAY COOPER CITY FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOFE, STEPHAINNE 5880 S.W. 37TH TERRACE FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Stromfeld JACK STROMFELD 4/1/08 954-432-3335*

PRINTED NAME OR SIGNATURE OF FILING OFFICER OR DIRECTOR