

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012821

FILED
Apr 29, 2009
Secretary of State

Entity Name: NEVE MICHAEL CHILDREN'S VILLAGE, INC.

Current Principal Place of Business:

1300 ST CHARLES PLACE
SUITE 310
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1300 ST CHARLES PLACE
SUITE 310
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-8499330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROMFELD, JACK A
1300 ST CHARLES PL #310
PEMBROKE PINES, FL 33026 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: DP () Delete
Name: STROMFELD, JACK
Address: 1300 ST CHARLES PLACE, SUITE 310
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DST () Delete
Name: ENNIS, LORELI
Address: 3455 STALLION LANE
City-St-Zip: WESTON, FL 33331

Title: DVP () Delete
Name: FRANK, CRAIG
Address: 2631 REGALIA WAY
City-St-Zip: COOPER CITY, FL 33026

Title: DVP () Delete
Name: JOFE, STEPHANIE
Address: 5880 S.W. 37TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

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: JACK STROMFELD

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date