

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001123

FILED
Apr 05, 2009
Secretary of State

Entity Name: BUTTERFLIES FROM HEAVEN FOUNDATION INC.

Current Principal Place of Business:

14611 KIRSTEN COURT
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

14611 KIRSTEN COURT
DAVIE, FL 33325

New Mailing Address:

FEI Number: 39-2050175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JCHPA REGISTERED AGENTS INC.
ATTN: JOHN C HAMLIN ESQ
1580 SAWGRASS CORPORATE PARKWAY SUITE 130
SUNRISE, FL 33323 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: PD () Delete
Name: PILLON-FINK, ALETHA
Address: 14611 KIRSTEN COURT
City-St-Zip: DAVIE, FL 33325

Title: VD () Delete
Name: MODRECK, GEORGIA
Address: 1835 CHINKAPIN TRAIL
City-St-Zip: MONTEREY, TN 38574

Title: SD () Delete
Name: KELEMEN, LORI
Address: 8872 LAKE PARK CIRCLE S
City-St-Zip: DAVIE, FL 33328

Title: TD () Delete
Name: WARTERS, KIMBERLY
Address: 17531 SW 68TH COURT
City-St-Zip: SOUTHWEST RANCHES, FL 33331

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: ALETHA PILLON-FINK

PD

04/05/2009

Electronic Signature of Signing Officer or Director

Date