

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002198

FILED
Apr 16, 2009
Secretary of State

Entity Name: I.D.D. FAMILY INSTITUTE, INC.

Current Principal Place of Business:

949 W 79TH PLACE
HIALEAH, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 420545
MIAMI, FL 332420545

New Mailing Address:

FEI Number: 20-8528464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAEZ, XAVIER A
949 W 79TH PLACE
HIALEAH, FL 33014 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: P () Delete
Name: BAEZ, XAVIER A
Address: PO BOX 420545
City-St-Zip: MIAMI, FL 332420545 US

Title: VP () Delete
Name: BAEZ, MARIA M
Address: PO BOX 420545
City-St-Zip: MIAMI, FL 332420545 US

Title: SEC. () Delete
Name: BAEZ, MARIA G
Address: PO BOX 420545
City-St-Zip: MIAMI, FL 333242 US

Title: TREA () Delete
Name: BAEZ, BERTHA R
Address: PO BOX 420545
City-St-Zip: MIAMI, FL 333242 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC. (X) Change () Addition
Name: CINTRON, MARIA D
Address: PO BOX 420545
City-St-Zip: MIAMI, FL 333242 US

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: XAVIER A. BAEZ

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date