2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# N07000005583

Entity Name: CJ FOUNDATION FOR CHILDREN IN NEED, INC.

Current Principal Place of Business:

3600 SOUTH CONGRESS AVENUE
SUITE D
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

3600 SOUTH CONGRESS AVENUE
SUITE D
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 26-0302297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROOK, STACEY
3600 SOUTH CONGRESS AVENUE
SUITE D
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

STALEY, JEFF
3600 SOUTH CONGRESS AVENUE
SUITE D
BOYNTON BEACH, FL 33426 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: JEFF STALEY 10/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	STALEY, STACEY	
Address:	3600 SOUTH CONGRESS AVENUE, SUITE D	
City-St-Zip:	BOYNTON BEACH, FL 33426	
Title:	VP	( ) Delete
Name:	STALEY, JEFF	
Address:	3600 SOUTH CONGRESS AVENUE, SUITE D	
City-St-Zip:	BOYNTON BEACH, FL 33426	
Title:	S	( ) Delete
Name:	BEGUIRISTRAIN, CITO	
Address:	777 E ATLANTIC AVE STE 200	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	T	( ) Delete
Name:	MARKEE-STEIGER, APRIL	
Address:	702 SW 34TH AVE	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	D	( ) Delete
Name:	SHOMAR, WASIM	
Address:	999 BRICKELL AVE STE 700	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	STOUT, JOE	
Address:	3124 LAKEVIEW BLVD	
City-St-Zip:	DELRAY BEACH, FL 33445	

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:	
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: JEFF STALEY VP 10/13/2009
Electronic Signature of Signing Officer or Director Date