

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005808

FILED
Mar 19, 2009
Secretary of State

Entity Name: SAVE OUR CHILDREN FUTURE FOUNDATION, CORP.

Current Principal Place of Business:

4204 WATERVIEW CIRCLE
PALM SPRINGS, FL 33461

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6211
LAKE WORTH, FL 334666211

New Mailing Address:

FEI Number: 26-0348273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUIVENER FLEURANT
218 SUPERIOR PLACE
WEST PALM BEACH, FL 33409 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: FLEURANT, GUIVENER
Address: 218 SUPERIOR PLACE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP () Delete
Name: TELFORT, DRAITON
Address: 4204 WATERVIEW CIRCLE
City-St-Zip: PALMS SPRINGS, FL 33461

Title: S () Delete
Name: GADSON, ADRIENNE
Address: 4204 WATERVIEW CIRCLE
City-St-Zip: PALMS SPRINGS, FL 33461

Title: T () Delete
Name: SOY, WILLET
Address: 4204 WATERVIEW CIRCLE
City-St-Zip: PALMS SPRINGS, FL 33461

Title: ACF () Delete
Name: BAPTIST, JIMMY J
Address: 4204 WATERVIEW CIRCLE
City-St-Zip: PALMS SPRINGS, FL 33461

Title: ADMI () Delete
Name: LOUIS, ABRALINE
Address: 4204 WATERVIEW CIRCLE
City-St-Zip: PALMS SPRINGS, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLEURANT, GUIVENER
Address: 218 SUPERIOR PLACE
City-St-Zip: WEST PALM BEACH, FL 33409

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

Title: S (X) Change () Addition
Name: ROC, BETTY
Address: 4204 WATERVIEW CIRCLE
City-St-Zip: PALMS SPRINGS, FL 33461

Title: T (X) Change () Addition
Name: MASSE, FENSON
Address: 4204 WATERVIEW CIRCLE
City-St-Zip: PALMS SPRINGS, FL 33461

Title: ACF (X) Change () Addition
Name: JOSEPH JONES, LEGEMIE
Address: 4204 WATERVIEW CIRCLE
City-St-Zip: PALMS SPRINGS, FL 33461

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: GUIVENER FLEURANT

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date