

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006043

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE R. W. CHILD WELFARE CORPORATION

Current Principal Place of Business:

8362 PINES BLVD
284
PEMBROKE PINES, FL 33025

New Principal Place of Business:

8362 PINES BLVD
284
PEMBROKE PINES, FL 33024

Current Mailing Address:

8362 PINES BLVD
284
PEMBROKE PINES, FL 33025

New Mailing Address:

8362 PINES BLVD
284
PEMBROKE PINES, FL 33024

FEI Number: 26-0357710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT D
770 NW 168 DR.
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

SALMON, AUDREY P
8362 PINES BLVD
284
PEMBROKE PINES, FL 33024 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: AUDREY SALMON

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, ROBERT D SR
Address: 770 NW 168 DR
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: PHILLIPS, LEIGHTON
Address: 4785 NW 85TH AVE
City-St-Zip: LAUDERHILL, FL 33351

Title: T () Delete
Name: WILLIAMS, ROBERT D SR
Address: 770 NW 168 DR
City-St-Zip: MIAMI, FL 33169

Title: SEC () Delete
Name: SALMON, AUDREY P
Address: 100 SW 65 WAY
City-St-Zip: PEMBROKE PINES, FL 33023

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: AUDREY SALMON

SEC

04/21/2009

Electronic Signature of Signing Officer or Director

Date