

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009710

FILED
Apr 27, 2009
Secretary of State

Entity Name: ARC HEALTH & WELFARE FOUNDATION, INC

Current Principal Place of Business:

1195 NORTH MILITARY TRAIL
SUITE # A
WEST PALM BEACH, FL 33409

Current Mailing Address:

1195 NORTH MILITARY TRAIL
SUITE # A
WEST PALM BEACH, FL 33409

New Principal Place of Business:

1195 NORTH MILITARY TRAIL
SUITE # 2A
WEST PALM BEACH, FL 33409

New Mailing Address:

1195 NORTH MILITARY TRAIL
SUITE #2 A
WEST PALM BEACH, FL 33409

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEGUM, SHAMSAD
1195 NORTH MILITARY TRAIL
SUITE # A
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: BEGUM, SHAMSAD
Address: 10691 VERSAILLES BLVD
City-St-Zip: WELLINGTON, FL 33414

Title: S (X) Delete
Name: CHOWDHURY, SHAHID N
Address: 12628 N.W. 74TH PL
City-St-Zip: PARKLAND, FL 33076

Title: T (X) Delete
Name: CHOWDHURY, SHAMSHER N
Address: 12628 N.W. 74TH PL
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEGUM, SHAMSAD
Address: 10691 VERSAILLES BLVD
City-St-Zip: WELLINGTON, FL 33449

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: SHAMSAD BEGUM

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date