

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010508

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CHILDREN'S ASSISTANCE PROGRAM, INC.

**Current Principal Place of Business:**

1885 NORTHEAST 154TH TERRACE  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1885 NORTHEAST 154TH TERRACE  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 22-3970859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** PD  
**Name:** PERRY, CARVIN W  
**Address:** 1885 NE 154TH TERRACE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162 US

**Title:** STD  
**Name:** FISHER, LEE ANN  
**Address:** 1885 NE 154TH TERRACE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** D  
**Name:** LIPTON, SUSAN  
**Address:** 1885 NE 154TH TERRACE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

**SIGNATURE:** CARVIN PERRY

PRES

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date