2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N08000000533

Entity Name: FOUNDATION CHILDREN'S CARE MINISTRY, INC.

Current Principal Place of Business:

3700 GEORGIA AVENUE, SUITE 18
W PALM BCH, FL 33405

New Principal Place of Business:

Current Mailing Address:

3700 GEORGIA AVENUE, SUITE 18
W PALM BCH, FL 33405

New Mailing Address:

FEI Number: 26-1713521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ETIENNE, BRISSON
3700 GEORGIA AVENUE, SUITE 18
W PALM BCH, FL 33405 US

Name and Address of New Registered Agent:

ETIENNE, BRISSON
3700 GEORGIA AVENUE, SUITE 18
WEST PALM BCH, FL 33405 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: _____ 02/10/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ETIENNE SR., BRISSON
Address: 3700 GEORGIA AVENUE, SUITE 18
City-St-Zip: W PALM BCH, FL 33405

Title: D ( ) Delete
Name: LARTIQUE, ISAI
Address: 3700 GEORGIA AVENUE, SUITE 18
City-St-Zip: W PALM BCH, FL 33405

Title: D ( ) Delete
Name: PAUL, MARIE LOURDES
Address: 3700 GEORGIA AVENUE, SUITE 18
City-St-Zip: W PALM BCH, FL 33405

Title: D ( ) Delete
Name: JULIEN, ROSE A
Address: 3700 GEORGIA AVENUE, SUITE 18
City-St-Zip: W PALM BCH, FL 33405

Title: D ( ) Delete
Name: JOSEPH, ANTOINE COUNSEL
Address: 3700 GEORGIA AVENUE, SUITE 18
City-St-Zip: W PALM BCH, FL 33405

Title: D ( ) Delete
Name: FRANCOIS, ELIGEST COUNSEL
Address: 3700 GEORGIA AVENUE, SUITE 18
City-St-Zip: W PALM BCH, FL 33405

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: BRISSON ETIENNE D 02/10/2009
Electronic Signature of Signing Officer or Director — Date