

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001129

FILED  
Jul 20, 2009  
Secretary of State

**Entity Name:** GOLDEN HEART CHILDREN FOUNDATION, INC.

**Current Principal Place of Business:**

3325 SOUTH UNIVERSITY DRIVE, SUITE 108  
DAVIE, FL 33328

**New Principal Place of Business:**

10380 NW 10TH STREET  
PLANTATION, FL 33322

**Current Mailing Address:**

3325 SOUTH UNIVERSITY DRIVE, SUITE 108  
DAVIE, FL 33328

**New Mailing Address:**

10380 NW 10TH STREET  
PLANTATION, FL 33322

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROBLES, MAGDA  
10380 NW 10TH ST  
PLANATATION, FL 33322 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: D ( ) Delete  
Name: ROBLES, MAGDA  
Address: 10380 NW 10TH ST  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: OLIVEROS, NATALIE  
Address: 2517 BOGOTA AVE  
City-St-Zip: COOPER CITY, FL 33026

Title: D ( ) Delete  
Name: SIERRA, HEDY  
Address: 282 SW 179TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: MORALES, AMPARO  
Address: 17411 NW 8TH ST  
City-St-Zip: PEMBROKE PINES, FL 33029

**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: MAGDA ROBLES

D

07/20/2009

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

\_\_\_\_\_  
Date