

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002664

FILED
Apr 30, 2009
Secretary of State

Entity Name: FIGHTING FOR CHILDREN, INC.

Current Principal Place of Business:

2685 ULMERTON RD
STE 210
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

2685 ULMERTON RD
STE 210
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 26-2190596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOAYEDI, YOLANDA
2685 ULMERTON RD
STE 210
CLEARWATER, FL 33762 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: PTD () Delete
Name: MOAYEDI, YOLANDA
Address: 2685 ULMERTON RD., STE 210
City-St-Zip: CLEARWATER, FL 33762

Title: VPD () Delete
Name: MOAYEDI, MEHRDAD
Address: 2685 ULMERTON RD., STE 210
City-St-Zip: CLEARWATER, FL 33762

Title: SD () Delete
Name: VAUGHN, KATE
Address: 2685 ULMERTON RD., STE 210
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: HARRIS, KAREN
Address: 2685 ULMERTON RD., STE 210
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: LEIGHTON, LUCIANNE
Address: 2685 ULMERTON RD., STE 210
City-St-Zip: CLEARWATER, FL 33762

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: D (X) Change () Addition
Name: GILLIN, SOPHIA
Address: 2685 ULMERTON RD., STE 210
City-St-Zip: CLEARWATER, FL 33762

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: YOLANDA MOAYEDI

PTD

04/30/2009

Electronic Signature of Signing Officer or Director

Date