

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008019

FILED
Apr 15, 2012
Secretary of State

Entity Name: CHILDREN OBESITY FOUNDATION INC.

Current Principal Place of Business:

20283 STATE ROAD 7 SUITE 300
BOCA RATON, FL 33498

New Principal Place of Business:

20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498

Current Mailing Address:

20283 STATE ROAD 7 SUITE 300
BOCA RATON, FL 33498

New Mailing Address:

20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498

FEI Number: 45-3067580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PAL BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

KNOLL, AMOS
20283 STATE ROAD 7
BOCA RATON, FL 33498 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: AMOS KNOLL

04/15/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ROTHSTEIN, BEVERLY S
Address: 20283 STATE ROAD 7 ,SUITE 300
City-St-Zip: BOCA RATON, FL 33498

Title: P
Name: KNOLL, AMOS
Address: 20283 STATE ROAD 7 SUITE 300
City-St-Zip: BOCA RATON, FL 33498

Title: D
Name: RELLFORD, RICHARD A
Address: 20283 STATE ROAD 7 SUITE 300
City-St-Zip: BOCA RATON, FL 33498

Title: D
Name: STREISFELD, ROBERT
Address: 20283 STATE ROAD 7 SUITE 300
City-St-Zip: BOCA RATON, FL 33498

Title: D
Name: MOGERMAN, RICHARD M
Address: 8211 W. BROWARD BOULEVARD ,SUITE 200
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: LESSMAN, RICHARD
Address: 20283 STATE ROAD 7 SUITE 300
City-St-Zip: BOCA RATON, FL 33498

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: AMOS KNOLL

P

04/15/2012

Electronic Signature of Signing Officer or Director

Date