

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90030 024 \*\*\*\*70.00

**DOCUMENT # N23603**

1. Entity Name  
**INFANTS IN NEED, INC.**



Principal Place of Business  
**725 N GREENWAY DR  
CORAL GABLES, FL 33134 US**

Mailing Address  
**725 N GREENWAY DR  
CORAL GABLES, FL 33134 US**



01262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0020461** Applied For  
Not Applicable

5. Certificate of Status Desired **X** **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RAY, LINDA M.  
725 NORTH GREENWAY DR  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAY, LINDA M. 725 N. GREENWAY DR CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVINE, I STANLEY 1110 BRICKELL AVE. #700 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAY, WENDELL E. 725 N. GREENWAY DR. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/26/04 305-476-1358**