FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005441 (0)**

1. Corporation Name

THE CHILDREN'S GIFT OF LIFE FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~16415 NE 11TH AVE~~ ~~NORTH MIAMI BEACH FL 33162~~	~~16415 NE 11TH AVE~~ ~~NORTH MIAMI BEACH FL 33162~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0530231 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4229 West Hallandale Beach Blvd.	26 4229 West Hallandale Beach Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Hallandale, FL	28 Hallandale, FL
Zip / County	Zip / County
24 33009 / 25 Broward	29 33009 / 30 Broward

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Electoral Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZIMBLE, DAVID S % ZIMBLE FORMOSO-MURIAS, P.A. 1101 BRICKELL AVE., PENTHOUSE MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO FORMER OFFICERS AND DIRECTORS	
31 TITLE		41 TITLE	D, P ☐ Change ☒ Addition
32 NAME		42 NAME	Matz, Raphael
33 STREET ADDRESS		43 STREET ADDRESS	4229 W. Hallandale Beach Blvd.
34 CITY-ST-ZIP		44 CITY-ST-ZIP	Hallandale, FL 33009
35 TITLE		45 TITLE	D, S, T ☐ Change ☒ Addition
36 NAME		46 NAME	Jacobs, Allan
37 STREET ADDRESS		47 STREET ADDRESS	4229 W. Hallandale Beach Blvd.
38 CITY-ST-ZIP		48 CITY-ST-ZIP	Hallandale, FL 33009
39 TITLE		49 TITLE	D ☐ Change ☒ Addition
40 NAME		50 NAME	Lambert, Ari
41 STREET ADDRESS		51 STREET ADDRESS	4229 W. Hallandale Beach Blvd.
42 CITY-ST-ZIP		52 CITY-ST-ZIP	Hallandale, FL 33009
43 TITLE		53 TITLE	D ☐ Change ☒ Addition
44 NAME		54 NAME	Chait, Bentzion
45 STREET ADDRESS		55 STREET ADDRESS	4229 W. Hallandale Beach Blvd.
46 CITY-ST-ZIP		56 CITY-ST-ZIP	Hallandale, FL 33009
47 TITLE		57 TITLE	D ☐ Change ☒ Addition
48 NAME		58 NAME	Niman, Yisroel
49 STREET ADDRESS		59 STREET ADDRESS	4229 W. Hallandale Beach Blvd.
50 CITY-ST-ZIP		60 CITY-ST-ZIP	Hallandale, FL 33009
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report or on an attachment with an address.

SIGNATURE: RAFAEL MATZ DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0043744