

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90153 009 ****61.25

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1. Entity Name

THE NATIONAL CHILDREN'S FOUNDATION, INC.



Principal Place of Business

3000 NE 30TH PLACE STE 102
FORT LAUDERDALE FL 33306

Mailing Address

3000 NE 30TH PLACE STE 102
FORT LAUDERDALE FL 33306

2. Principal Place of Business

1324 N. STATE Rd. 7

Suite, Apt. #, etc.

3. Mailing Address

1324 N. STATE Rd. 7

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

MARGATE, FL

City & State

MARGATE, FL

4. FEI Number

31-1470077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUTRY, ALLEN
3000 NE 30TH PLACE STE 102
FORT LAUDERDALE FL 33306

1324 N. STATE Rd 7
MARGATE, FL
33063

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME AUTRY, ALLEN
STREET ADDRESS 3000 N.E. 30TH PLACE, #102
CITY-ST-ZIP FT LAUDERDALE FL 33306

TITLE D
NAME ROWLAND, EDWARD
STREET ADDRESS 2920 PORT ROYAL LANE
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE D
NAME FADGEN, JERRY
STREET ADDRESS 7379 SW 9TH CT
CITY-ST-ZIP PLANTATION FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2005

Date

Daytime Phone #