

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003743

FILED
Apr 17, 2009
Secretary of State

Entity Name: CHERISH THE CHILDREN FOUNDATION, INC.

Current Principal Place of Business:

1575 BARRY RD
CLEARWATER, FL 33757

New Principal Place of Business:

1127 GROVE STREET
CLEARWATER, FL 33755

Current Mailing Address:

PO BOX 5
CLEARWATER, FL 33757

New Mailing Address:

FEI Number: 59-3411071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, CHARLOTTE
1575 BARRY ROAD
CLEARWATER, FL 33756 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: VD () Delete
Name: KUGLER, BEN
Address: 2852 CHELSEA PL S
City-St-Zip: CLEARWATER, FL 33759

Title: PD () Delete
Name: FRIEDMAN, MARSHA
Address: 55 ROGERS STREET #304
City-St-Zip: CLEARWATER, FL 33756

Title: STD () Delete
Name: ANDERSON, CHARLOTTE
Address: 1575 BARRY ROAD
City-St-Zip: CLEARWATER, FL 33756

Title: VD () Delete
Name: LORCH, LINDA
Address: 311 JEFFERSON AVE.
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: FRIEDMAN, MARSHA
Address: 1127 GROVE ST
City-St-Zip: CLEARWATER, FL 33755

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLOTTE ANDERSON

STD

04/17/2009

Electronic Signature of Signing Officer or Director

Date