

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002750

FILED  
Jan 15, 2011  
Secretary of State

**Entity Name:** THE CHILDREN OF LOVE (NINOS DE AMOR) FOUNDATION, INC.

**Current Principal Place of Business:**

4921 HEADLEE DR.  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

4921 HEADLEE DR.  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 59-3580849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PATALANO, DORIS M  
4921 HEADLEE DR  
ORLANDO, FL 32822 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: D  
Name: PATALANO, DORIS M  
Address: 4921 HEADLEE DR.  
City-St-Zip: ORLANDO, FL 32822

Title: D  
Name: PATALANO, FRANK T  
Address: 4921 HEADLEE DR.  
City-St-Zip: ORLANDO, FL 32822

Title: D  
Name: ABEL, LEAH  
Address: 2021 W. STATE RD 426  
City-St-Zip: OVIEDO, FL 27365

Title: V  
Name: RODRIGUEZ, MARIA  
Address: 5106 JEANING CT.  
City-St-Zip: ORLANDO, FL 32822

Title: R.A.  
Name: PERLING, JANE R.A.  
Address: 5456 NERISSA LANE  
City-St-Zip: ORLANDO, FL 32822

Title: D  
Name: ZAYAS, GENARO  
Address: 1915 GAMBOGE DR  
City-St-Zip: ORLANDO, FL 32822

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: DORIS M. PATALANO

D

01/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date