2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2020
Secretary of State
8292289131CC

DOCUMENT# N19000012613

Entity Name: THE CHILDRENS ALLIANCE OF FLORIDA INC

Current Principal Place of Business:

255 NE 2ND DRIVE
HOMESTEAD, FL 33030

Current Mailing Address:

255 NE 2ND DRIVE
HOMESTEAD, FL 33030 US

FEI Number: 84-3828202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABRAHAM ZIADEH CPA PA
9000 SHERIDAN STREET
158
PEMBROKE PINES, FL 33024 US

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

Officer/Director Detail :

Title	P
Name	VASCONCELLOS, NICOLE M
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	DIRECTOR
Name	VASCONCELLOS, ANDREW
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	VP
Name	LOPEZ, MARIA L
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	SECRETARY, DIRECTOR
Name	GONZALEZ, ALISON
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	TREASURER
Name	ROBINSON, KATHRYN
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	D
Name	RASSNER, WAYNE
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	DIRECTOR
Name	SCHWARTZ, NORMA
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	DIRECTOR
Name	NAJERA, KENIA
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Continues on page 2

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: NICOLE VASCONCELLOS PRESIDENT 06/24/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PERRY, MELINDA
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	DIRECTOR
Name	GONZALEZ, MARIA
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	DIRECTOR
Name	GREGG, GAIL
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030