2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004792

Entity Name: CHILD FIRST, INC.

Current Principal Place of Business:

35 NUTMEG DRIVE SUITE 385

TRUMBULL, CT 06611

FILED Mar 06, 2018 Secretary of State CC6452098971

Current Mailing Address:

35 NUTMEG DRIVE SUITE 385 TRUMBULL, CT 06611 US

FEI Number: 46-1272768 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: JOHN W POLSKY 03/06/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **CHRM** Title **TREASURER** Name FRANCISCOVICH, LINDA Name OSTUW, RICHARD

35 NUTMEG DRIVE 35 NUTMEG DRIVE Address Address

SUITE 385 SUITE 385

City-State-Zip: TRUMBULL CT 06611 City-State-Zip: TRUMBULL CT 06611

Title **SECRETARY** Title CEO

Name SCHMELTZER III, JOHN E Name LOWELL, DARCY MD

Address 35 NUTMEG DRIVE Address 35 NUTMEG DRIVE

SUITE 385 SUITE 385

City-State-Zip: TRUMBULL CT 06611 City-State-Zip: TRUMBULL CT 06611

Title COO Title DIRECTOR

SKYER, BRUCE BARTON PHD, MARIANNE Name Name

35 NUTMEG DRIVE 35 NUTMEG DRIVE Address Address SUITE 385 SUITE 385

City-State-Zip: TRUMBULL CT 06611 City-State-Zip: TRUMBULL CT 06611

DIRECTOR Title Title DIRECTOR

Name RICHARDSON, PHD, DOROTHY T Name SHAHMOON-SHANOK,LCSW,PHD.

REBECCA Address 35 NUTMEG DRIVE

Address 35 NUTMEG DRIVE 385

TRUMBULL CT 06611

City-State-Zip: City-State-Zip: TRUMBULL CT 06611

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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.

03/06/2018 SIGNATURE: BRUCE SKYER COO

Officer/Director Detail Continued:

City-State-Zip: TRUMBULL CT 06611

Title DIRECTOR Title CHIEF PROGRAM OFFICER

LEHMAN, SALLY PENISTON, MARY Name Name Address 35 NUTMEG DRIVE Address 35 NUTMEG DRIVE

SUITE 385

SUITE 385

City-State-Zip: TRUMBULL CT 06611