#### 2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004792

Entity Name: CHILD FIRST, INC.

**FILED** Apr 04, 2019 **Secretary of State** 4807044184CC

### **Current Principal Place of Business:**

35 NUTMEG DRIVE SUITE 385

TRUMBULL, CT 06611

### **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 04/04/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Address

Title **BOARD CHAIRPERSON** Title **BOARD MEMBER** Name OSTUW, RICHARD Name PERLSTEIN, SHERRY 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 CEO Title COO

Name LOWELL, DARCY MD Name SKYER, BRUCE Address 35 NUTMEG DRIVE Address 35 NUTMEG DRIVE

> SUITE 385 **SUITE 385**

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

**BOARD SECRETARY** Title Title **BOARD MEMBER** 

BARTON, MARIANNE PHD RICHARDSON, DOROTHY T PHD 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

Title **BOARD MEMBER** Title **BOARD MEMBER** Name SHAHMOON-SHANOK, REBECCA Name LEHMAN, SALLY PHD

Address 35 NUTMEG DRIVE

35 NUTMEG DRIVE **SUITE 385** 

**SUITE 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.

04/04/2019 SIGNATURE: BRUCE SKYER COO

# Officer/Director Detail Continued:

CHIEF PROGRAM OFFICER CHIEF DEVELOPMENT OFFICER Title Title

PENISTON, MARY Name Name WASSER, CLIFFORD L

Address 35 NUTMEG DRIVE Address 35 NUTMEG DRIVE SUITE 385

SUITE 385

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