

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000937

FILED
Mar 11, 2009
Secretary of State

Entity Name: CHILDREN OF THE NATIONS INCORPORATED

Current Principal Place of Business:

11992 CLEAR CREEK RD NW
SILVERDALE, WA 98383

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3970
SILVERDALE, WA 98383

New Mailing Address:

FEI Number: 91-1702551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPRINKLE, ELIZABETH
341 N. ORLANDO AVE.
ROOM 201
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

SPRINKLE, ELIZABETH
615 F HERNDON AVE
ORLANDO, FL 32803 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

03/11/2009

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: CLARK, CHRISTOPHER W
Address: 12804 LAKE AVE NW
City-St-Zip: POULSBO, WA 98370

Title: P () Delete
Name: CLARK, CHRISTOPHER W
Address: 12804 LAKE AVE NW
City-St-Zip: POULSBO, WA 98370

Title: S () Delete
Name: DIAMOND, DANIEL DR.
Address: 9188 UTAH ST NE
City-St-Zip: BREMERTON, WA 98311

Title: T () Delete
Name: BLESSING, JAMES
Address: 528 N. 66TH
City-St-Zip: SEATTLE, WA 98103

Title: D () Delete
Name: CLARK, DEBRA
Address: 12804 LAKE AVE NW
City-St-Zip: POULSBO, WA 95370

Title: D () Delete
Name: JONES, MIKE DR
Address: 1114 W 9TH ST
City-St-Zip: PORT ANGELES, WA 98363

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CHRISTOPHER W. CLARK

Electronic Signature of Signing Officer or Director

PRES

03/11/2009

Date