

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009074

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: CHILD RESCUE NETWORK, INC.

**Current Principal Place of Business:**

1517 E ROBINSON ST  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

1517 E ROBINSON ST  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 20-1687271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANG, TOM  
1000 LEGION PLACE, STE 1700  
ORLANDO, FL 32801 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 ( ) Delete  
Name: GRIESEMER, JEFFREY W  
Address: 950 ROLLINGWOOD LOOP #104  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D ( ) Delete  
Name: CLICKMAN, CHARLES W JR  
Address: 222 LITTLE LAKES ROAD  
City-St-Zip: RICHFIELD SPRINGS, NY 13439 US

Title: D ( ) Delete  
Name: MELTON, CRAIG  
Address: 615 VICTORIA HILLS DR.  
City-St-Zip: DELAND, FL 32724 US

Title: D ( ) Delete  
Name: VELLA, HELEN  
Address: 728 SEMINOLE AVE  
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D (X) Change ( ) Addition  
Name: VELLA, HELEN  
Address: 728 SEMINOLE AVE  
City-St-Zip: ORLANDO, FL 32803 US

Title: D ( ) Change (X) Addition  
Name: JOHN, WARD  
Address: 459 VICTORIA HILLS DR.  
City-St-Zip: DELAND, FL 32724 US

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: JEFFREY W. GRIESEMER

D

03/05/2009

Electronic Signature of Signing Officer or Director

Date