

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90210 010 ****70.00

DOCUMENT # N99000005206

1. Entity Name
CHILDHOOD ANXIETY NETWORK INC



Principal Place of Business
**1130 HERKNES DRIVE
MEADOWBROOK, PA 19046 US**

Mailing Address
**1130 HERKNES DRIVE
MEADOWBROOK, PA 19046 US**

40086617



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3741 Locke Lane

3741 Locke Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Prospect

Prospect

City & State

City & State

KY

KY

Zip

Country

Zip

Country

40059

USA

40059

USA

04232007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0946164

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILVER, NATALIE
3020 NW 23RD CT.
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing,
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **AUDREY, BOGGS DR.**
STREET ADDRESS **PO BOX 491542**
CITY-ST-ZIP **LOS ANGELES, CA 90049**

TITLE **D** ☐ Delete
NAME **CARDULLA, TERESA**
STREET ADDRESS **3 HATHAWAY DR**
CITY-ST-ZIP **PRINCETON JUNCTION, NJ 08550**

TITLE **D** ☐ Delete
NAME **KERVATT, GAIL**
STREET ADDRESS **54 OLD FOURTH DR**
CITY-ST-ZIP **OAK RIDGE, NJ 07438**

TITLE **D** ☒ Delete
NAME **SHIPON-BLUM, ELISA B**
STREET ADDRESS **1130 HERKNES DRIVE**
CITY-ST-ZIP **MEADOWBROOK, PA 19046**

TITLE **D** ☐ Delete
NAME **LYNN, LUNCEFORD**
STREET ADDRESS **2356 MOORE ST., SUITE 101**
CITY-ST-ZIP **SAN DIEGO, CA 92110**

TITLE **D** ☐ Delete
NAME **JAMES, MATTEO**
STREET ADDRESS **1070 STILL MEADOW CROSSING**
CITY-ST-ZIP **CHARLOTTESVILLE, VA 22901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Change ☐ Addition
NAME **Boggs, Audrey**
STREET ADDRESS **911 Montana Ave., Apt C**
CITY-ST-ZIP **Santa Monica CA 90403**

TITLE **D** ☐ Change ☒ Addition
NAME **Eastman, Kristen**
STREET ADDRESS **5357 Kilbourne Dr.**
CITY-ST-ZIP **Lyndhurst, OH 44124**

TITLE **P** ☐ Change ☒ Addition
NAME **Doug Eastman, Doug**
STREET ADDRESS **5357 Kilbourne Dr**
CITY-ST-ZIP **Lyndhurst, OH 44124**

TITLE **T** ☐ Change ☒ Addition
NAME **Fernald, Joleen**
STREET ADDRESS **14 Middlebrook Rd**
CITY-ST-ZIP **Dover, NH 03820**

TITLE **D** ☐ Change ☒ Addition
NAME **McCourt, Tom**
STREET ADDRESS **One Liberty Place, Suite 5300**
CITY-ST-ZIP **Philadelphia, PA 19103**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lori Dabney* **Exec Dir** **4-23-07** **502-228-0183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #