

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005206

FILED
Apr 28, 2009
Secretary of State

Entity Name: CHILDHOOD ANXIETY NETWORK INC

Current Principal Place of Business:

14 MIDDLEBROOK ROAD
DOVER, NH 03820 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2207
DOVER, NH 038212207 US

New Mailing Address:

FEI Number: 65-0946164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVER, NATALIE
3020 NW 23RD CT.
BOCA RATON, FL 33431 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: S () Delete
Name: AUDREY, BOGGS DR.
Address: 911 MONTANA AVENUE, APT #C
City-St-Zip: SANTA MONICA, CA 90403

Title: D () Delete
Name: KERVATT, GAIL
Address: 54 OLD FOURTH ROAD
City-St-Zip: OAK RIDGE, NJ 07438

Title: S () Delete
Name: EASTMAN, KRISTEN
Address: 5357 KILBOURNE DRIVE
City-St-Zip: LYNDHURST, OH 44124

Title: D () Delete
Name: LYNN, LUNCEFORD
Address: 2356 MOORE ST., SUITE 101
City-St-Zip: SAN DIEGO, CA 92110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FERNALD, JOLEEN R
Address: 14 MIDDLEBROOK ROAD
City-St-Zip: DOVER, NH 03820 US

Title: TREA (X) Change () Addition
Name: BROWNRIGG, AMY
Address: 4 POWDERMILL ROAD
City-St-Zip: HAVERHILL, MA 01830 US

Title: SEC (X) Change () Addition
Name: EASTMAN, KRISTEN
Address: 5357 KILBOURNE DRIVE
City-St-Zip: LYNDHURST, OH 44124 US

Title: DIR (X) Change () Addition
Name: STOCKMAL, KAREN
Address: 1055 WESTLAKES DRIVE STE 300
City-St-Zip: BERWYN, PA 19312 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: JOLEEN R. FERNALD

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date