

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2012
Secretary of State

Entity Name: CHILDHOOD ANXIETY NETWORK INC

Current Principal Place of Business:

19 SEPTEMBER DR
GREENLAND, NH 03840 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 582
GREENLAND, NH 03840 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:

KOVAC, LISA
421 HILLCREST DR.
OVIEDO, FL 32765 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: PRES
Name: SCHULMAN, MICHAEL D
Address: 21800 OXNARD ST., SUITE 750
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: TREA
Name: BROWNRIGG, AMY
Address: 4 POWDERMILL ROAD
City-St-Zip: HAVERHILL, MA 01830 US

Title: SEC
Name: KOTRBA, AIMEE
Address: 409 PLYMOUTH RD., STE. 253
City-St-Zip: PLYMOUTH, MI 48170 US

Title: DIR
Name: SHANNON, MORGAN-GILLARD
Address: 7216 SHAFTESBURY AVE.
City-St-Zip: ST. LOUIS, MO 63130 US

Title: DIR
Name: HESS, ESTHER
Address: 229 SO SEPULVEDA BLVD. #308
City-St-Zip: LOS ANGELES, CA 90064 US

Title: DIR
Name: RICHARD, SEGGERMAN
Address: 1201 COUNTRY MEADOWS DR
City-St-Zip: WAVERLY, IA 50677 US

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.

SIGNATURE: MICHAEL D. SCHULMAN

PRES

03/09/2012

Electronic Signature of Signing Officer or Director

Date