

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90056 022 ****61.25

DOCUMENT # **ND000000001105**

1. Entity Name **Chosen Children International Inc.**

DO NOT WRITE IN THIS SPACE

653378

2. Principal Place of Business

1220 Pioneer Rd.

3. Mailing Address

P.O. Box 2182

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mangolia Park, FL

City & State

Los Gatos, CA

Zip

33407

Country

U.S.A.

Zip

95031-2182

Country

4. FEI Number

74-2946042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carmella Nanton

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

117 Waterway Rd.

City

Royal Palm Beach

FL

Zip Code

33411

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **Carmella Nanton - Director**
NAME
STREET ADDRESS **117 Waterway Rd.**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE **Director**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Berhice Montano**
NAME **Secretary**
STREET ADDRESS **701 Harrison St.**
CITY-ST-ZIP **San Jose, CA 95125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President**
NAME **Marilyn Cohn**
STREET ADDRESS **P.O. Box 2182**
CITY-ST-ZIP **Los Gatos, CA 95032-2182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Marilyn Cohn Marilyn Cohn - President 4/22/02 866-599-KIDS**