

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000005255

Entity Name: CHILDNET, INC.

Current Principal Place of Business:

313 N STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

313 N STATE ROAD 7
PLANTATION, FL 33317

FEI Number: 65-1149351

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENITEZ, EMILIO CEO
313 N STATE ROAD 7
PLANTATION, FL 33317 US

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

Officer/Director Detail :

Title SECRETARY
Name ANDERSON, NICHOLE
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title CHAIRMAN
Name DWYER, JEFFREY
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title VC
Name MCCAWLEY, SIGRID
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title TREASURER
Name AKITI, MELIDA
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name PILGER, BETTY
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name AVALOS, CATALINA
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name ROGERS, JOSEPH
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name DILLARD, KALINTHIA
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Continues on page 2

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: EMILIO BENITEZ

CEO

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCDERMOTT, LISA
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name ROWE-KING, PATRICIA
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name MARMION, SARAH
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name QUIRANTES, LIZ
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name AMBROSE, SAMUEL
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name THOMAS, SARAH
Address 313 N STATE ROAD 7
City-State-Zip: PLANTATION FL 33317