

**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, NICOLE  
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