

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009074

**FILED  
Apr 26, 2018  
Secretary of State  
CC5693751274**

**Entity Name:** CHILD RESCUE NETWORK, INC.

**Current Principal Place of Business:**

926 LAKE BALDWIN LANE  
ORLANDO, FL 32814

**Current Mailing Address:**

926 LAKE BALDWIN LANE  
ORLANDO, FL 32814

**FEI Number: 20-1687271**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R  
1000 LEGION PLACE, STE 1700  
ORLANDO, FL 32801 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 D, PRESIDENT  
Name GRIESEMER, JEFFREY W  
Address 954 ROLLINGWOOD LOOP  
104  
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR, SECRETARY,  
TREASURER  
Name PARKHILL, DENISE  
Address 6122 CEDAR PINE DR  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name CHUBA, JOY  
Address 2430 PEWTER COURT  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR  
Name SEIFERTH, BRANDYN  
Address 5122 HAWKSTONE DR.  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name ODENA, LISA  
Address 11645 GRAND BAY BLVD  
City-State-Zip: CLERMONT FL 34711

*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: JEFFREY GRIESEMER**

**PRESIDENT**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date