

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011467

**Entity Name:** CHRISTINE'S BLANKETS, INC.

**Current Principal Place of Business:**

17 LA PALMA ST.  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

17 LA PALMA ST.  
ORMOND BEACH, FL 32176 US

**FEI Number: 85-3467309**

**Certificate of Status Desired: Yes**

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

AREL, MICHELLE L  
17 LA PALMA ST.  
ORMOND BEACH, FL 32176 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 P  
Name AREL, STANLEY T JR.  
Address 17 LA PALMA ST.  
City-State-Zip: ORMOND BEACH FL 32176

Title TRE.  
Name WALKER, MICHAEL L  
Address 375 LOWNDES AVE.  
City-State-Zip: ORMOND BEACH FL 32174

Title SEC.  
Name SMITH, EILEEN  
Address 51 PARK AVE.  
City-State-Zip: DELEON SPRINGS FL 32130

Title DIR  
Name KING, EMILIE M  
Address 1378 WEST BLUE SPRING AVE.  
City-State-Zip: ORANGE CITY FL 32763

Title DIR  
Name WIGGINS, DONALD J  
Address 1958 ALICE DRIVE  
City-State-Zip: ASTOR FL 32102

*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: STANLEY AREL**

**PRESIDENT**

**03/09/2022**

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

\_\_\_\_\_  
Date