

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

DOCUMENT# F17000001589

**FILED**  
**Apr 04, 2018**  
**Secretary of State**  
**CC5756885764**

**Entity Name:** CHILDREN'S MIRACLE NETWORK CORPORATION

**Current Principal Place of Business:**

205 WEST 700 SOUTH  
SALT LAKE, UT 84101

**Current Mailing Address:**

205 WEST 700 SOUTH  
SALT LAKE, UT 84101 US

**FEI Number:** 87-0387205

**Certificate of Status Desired:** Yes

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

CROSS, STACI  
110 N FEDERAL HIGHWAY APT1201  
FORT LAUDERDALE, FL 33301 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 C  
Name BOZARD, JOHN  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title VC  
Name MENSAH, NANA  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title D  
Name MERRILL, RICK  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title D  
Name JOERS, BARBARA  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title P  
Name LAUCK, JOHN  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title T  
Name NESTEL, TERI  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title DIRECTOR  
Name BEL, JOHN  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title DIRECTOR  
Name HAWLEY, TIM  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

**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:** TERI NESTEL

**CHIEF ADMIN OFFICER**

**04/04/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MURPHY, JULIE  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title DIRECTOR  
Name KENNEY, TONY  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title DIRECTOR  
Name VEENEMA, PEARL  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title DIRECTOR  
Name SCARBOROUGH, FRED  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title DIRECTOR  
Name THOMAS, ANDREA  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title DIRECTOR  
Name RUM, STEVE  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

Title DIRECTOR  
Name NICKLAUS, BARBARA  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101