

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001589

**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:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 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 DIRECTOR  
Name BOZARD, JOHN  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

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

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

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

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

Title TREASURER  
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 THOMAS, ANDREA  
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**

**TREASURER**

**01/15/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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

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

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

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

Title DIRECTOR  
Name FLEMING WILLIS, GLENDA  
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 LOVE MEYER, JENNY  
Address 205 WEST 700 SOUTH  
City-State-Zip: SALT LAKE UT 84101

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

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

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

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

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

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