

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90036 040 ****61.25

DOCUMENT # 726525

1. Entity Name

CHILD INTERNATIONAL, INC.



Principal Place of Business

**3435 B MORTON DRIVE
301-B
PENNEY FAMS FL 32079
US**

Mailing Address

**P O BOX 472
PENNEY FARMS FL 32079
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7292206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRYANT, HARRY L
3435 B MORTON DRIVE
301-B
PENNEY FARMS FL 32079**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Delete
NAME **WALKER, VERA S**
STREET ADDRESS **4718 HARRIS ST**
CITY- ST- ZIP **SARASOTA FL 34233**

TITLE **VD** ☒ Change ☐ Addition
NAME **Walker, Vera S**
STREET ADDRESS **4713 Theodore Ave**
CITY- ST- ZIP **Sarasota, FL 34233**

TITLE **PD** ☐ Delete
NAME **BRYANT, CLAIRE S**
STREET ADDRESS **3435 MORTON DR APT B**
CITY- ST- ZIP **PENNEY FARMS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **D** ☐ Delete
NAME **BRYANT, JEFFERY S.**
STREET ADDRESS **32 TALBOT STREET**
CITY- ST- ZIP **SALINAS CA**

TITLE **STD** ☒ Change ☐ Addition
NAME **Bryant, Jeffery S**
STREET ADDRESS **32 Talbot Street**
CITY- ST- ZIP **Salinas, CA 93901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claire S Bryant Claire S Bryant 3/18/05 904-284-8150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #