

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

03-31-2006 90012 021 ****61.25

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1. Entity Name
CHILDREN'S ANGEL NETWORK, INC.



Principal Place of Business
P.O. BOX 6216
FORT MYERS, FL 33911

Mailing Address
P.O. BOX 6216
FORT MYERS, FL 33911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282008 Chg-NP CR2E037 (11/05)

4. FEI Number
22-3879629

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

VANBIBBER, LYNDIA R
P.O. BOX 6216
FT. MYERS, FL 33911

**24370 SANDPIPER
ISLEWAY #205
BONITA SPRINGS FL
34134**

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 *Lyndia R. Van Bibber*

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

(NOTE: Registered Agents signature required when reinstating)

4/10/06
DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

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 PD ☐ Delete
NAME VANBIBBER, LYNDIA
STREET ADDRESS P.O. BOX 6216
CITY-ST-ZIP FT. MYERS, FL 339116216

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

TITLE SD ☐ Delete
NAME MACOMBER, DEAN
STREET ADDRESS 4291 CEDAR ST.
CITY-ST-ZIP ST. JAMES CITY, FL 33956

TITLE ☒ Change ☐ Addition
NAME **MACOMBER, DENA**
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SCHWARTZEL, CHARLOTTE
STREET ADDRESS 3573 EDGEWOOD AVE.
CITY-ST-ZIP FT. MYERS, FL 33916

TITLE ☐ Change ☒ Addition
NAME **JOHNSON, TANYA**
STREET ADDRESS **2235 N.W. 1ST AVE**
CITY-ST-ZIP **CAPE CORAL, FL 33993**

TITLE VO ☐ Delete
NAME MAYER, FRED
STREET ADDRESS 3156 SIXTH AVENUE
CITY-ST-ZIP ST. JAMES CITY, FL 33956

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lyndia R. Van Bibber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06
Date

229. 410 0720
Daytime Phone #

LYNDIA R. VAN BIBBER, PRES.