

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009321

FILED
Mar 10, 2006
Secretary of State

Entity Name: TORCH RELAY FOR CHILDREN'S MIRACLE NETWORK, INC.

Current Principal Place of Business:

6649 WESTWOOD BLVD.
C/O KEITH KOCAREK
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

PO BOX 692589
ORLANDO, FL 32569

New Mailing Address:

PO BOX 692589
ORLANDO, FL 32869

FEI Number: 80-0080028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCAREK, KEITH
6649 WESTWOOD BOULEVARD
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: KOCAREK, KEITH
Address: PO BOX 692589
City-St-Zip: ORLANDO, FL 32569

Title: D () Delete
Name: STEINMAN, CHRIS
Address: PO BOX 692589
City-St-Zip: ORLANDO, FL 32569

Title: D () Delete
Name: NEVITT, DORATHY
Address: PO BOX 692589
City-St-Zip: ORLANDO, FL 32569

Title: D () Delete
Name: WEISZ, SCOTT
Address: PO BOX 692589
City-St-Zip: ORLANDO, FL 32569

Title: D () Delete
Name: CHILDREN'S MIRACLE N, ETWORK
Address: PO BOX 692589
City-St-Zip: ORLANDO, FL 32569

Title: D () Delete
Name: MILAN, MARIA
Address: PO BOX 692589
City-St-Zip: ORLANDO, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICARDO CALZADA, II

ATTY

03/10/2006

Electronic Signature of Signing Officer or Director

Date