

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008111

FILED
Jan 09, 2007
Secretary of State

Entity Name: CHILDREN'S VOLUNTEER HEALTH NETWORK, INC.

Current Principal Place of Business:

605 N HWY 393
BLDG 15A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

174 WATERCOLOR WAY #320
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-3276365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITELL, LISA Y
4400 E. HIGHWAY 20, SUITE 211
NICEVILLE, FL 32578 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: P () Delete
Name: CARLISLE-NORTHCUTT, TRISHA
Address: 16 HIGH DUNES DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Delete
Name: COMER, ANNA
Address: 2828 E. COUNTY HIGHWAY 30A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T () Delete
Name: BAHR, JANE
Address: 5399 E. COUNTY HIGHWAY 30A PMP 228
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S () Delete
Name: PITELL, LISA Y
Address: 4400 E. HIGHWAY 20, SUITE 211
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARLISLE-NORTHCUTT, TRICIA
Address: 16 HIGH DUNES DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
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: LISA Y. PITELL

S

01/09/2007

Electronic Signature of Signing Officer or Director

Date