

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008111

FILED
Apr 05, 2011
Secretary of State

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

Current Principal Place of Business:

82 LYNN DR
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P O BOX 2142
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:

HENDERSON, REYNOLDS
184 EAST WATER ST
ROSEMARY BEACH, FL 32461 US

Name and Address of New Registered Agent:

BILLINGSLEY, ZACHARY
57 1ST ST
SANTA ROSA BEACH, FL 32459 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: ZACHARY BILLINGSLEY

04/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CARLISLE-NORTHCUTT, TRICIA
Address: 16 HIGH DUNE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP
Name: HENDERSON, REYNOLDS
Address: 184 E WATER ST
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: T
Name: PETERS, DENNIS
Address: 603 WALTON WAY
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: S
Name: ARNOLD, KELLI
Address: 182 CHRISTIAN DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SA
Name: WHEELER, MELISSA
Address: 52 PLANTATION WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: ZACHARY BILLINGSLEY

RA

04/05/2011

Electronic Signature of Signing Officer or Director

Date