

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003125

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** CHILDREN'S MANA INC.

**Current Principal Place of Business:**

1151 SOUTH CYPRESS POINT DRIVE  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

1151 SOUTH CYPRESS POINT DRIVE  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 14-1954277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TODD, MARIA P  
1151 SOUTH CYPRESS POINT DRIVE  
VENICE, FL 34293 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  
Name: TODD, MARIA P  
Address: 1151 SOUTH CYPRESS POINT DRIVE  
City-St-Zip: VENICE, FL 34293

Title: VP  
Name: TODD, NORMAN J  
Address: 1151 SOUTH CYPRESS POINT DRIVE  
City-St-Zip: VENICE, FL 34293

Title: O  
Name: TODD, ZACHARY J  
Address: 1151 SOUTH CYPRESS POINT DRIVE  
City-St-Zip: VENICE, FL 34293

Title: O  
Name: TODD, AARON R  
Address: 1151 SOUTH CYPRESS POINT DRIVE  
City-St-Zip: VENICE, FL 34293

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: NORMAN J TODD

VP

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date