

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004240

FILED
Apr 26, 2008
Secretary of State

Entity Name: CHILDREN'S NETWORK OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

4910-D CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

4910-D CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: BUCHEN, IRVING
Address: 8650 KILKENNY COURT
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: BUSBEE, BETTY A
Address: 5901 BRIARCLIFF RD
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: GEISLER, MARK M
Address: 2727 WINKLER AVE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: MORRISSETTE, PAUL
Address: 15880 SUMMERLIN ROAD #300 PMB 127
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: MUIR, DENISE S
Address: 25909 PEBBLECREEK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: ROSETE, RANDOLYN
Address: 1039 SE 9TH PLACE #310
City-St-Zip: CAPE CORAL, FL 33990

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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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 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: MARK GEISLER

D

04/26/2008

Electronic Signature of Signing Officer or Director

Date