

# 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  
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 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