

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47151

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: GUATEMALA CHILDREN'S MISSION, INC.

**Current Principal Place of Business:**

8687 KELSO DRIVE  
PALM BEACH GARDENS, FL 334186025 US

**New Principal Place of Business:**

**Current Mailing Address:**

8687 KELSO DRIVE  
PALM BEACH GARDENS, FL 334186025 US

**New Mailing Address:**

FEI Number: 65-0312952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MALONEY, THOMAS E.  
3680 PELICAN'S NEST DRIVE  
BONITA SPRINGS, FL 34134 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: VP ( ) Delete  
Name: SHEEHY, TIM  
Address: 2749 OAKLEIGH LN  
City-St-Zip: GERMANTOWN, TN 38138

Title: E VP ( ) Delete  
Name: SALISBURY, JOHN  
Address: 1601 BENT ROAD  
City-St-Zip: WAKE FOREST, NC 27587

Title: S ( ) Delete  
Name: WEDA, CAROLYN S  
Address: 2130 RADNOR CT.  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T ( ) Delete  
Name: LAUGHLIN, MICHAEL J  
Address: 8687 KELSO DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: PONTIUS, BRAD  
Address: 1130 BRIARCLIFF DRIVE  
City-St-Zip: BLOOMINGTON, IN 47404

Title: P ( ) Delete  
Name: CHRIS GAULT  
Address: 2135 SETON PLACE  
City-St-Zip: GERMANTOWN, TN 38139

**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: MICHAEL J LAUGHLIN

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04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date