

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000001995

1. Entity Name

CHILDRENS AIDS NETWORK NATIONAL, INC.



Principal Place of Business

3015 N. OCEAN BLVD.
SUITE 109
FT. LAUDERDALE, FL 33308

Mailing Address

3015 N. OCEAN BLVD.
SUITE 109
FT. LAUDERDALE, FL 33308



04142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0484404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, JOHN B
6301 SW 3RD ST
MARGATE, FL 33068

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME EATON, MICHAEL C
STREET ADDRESS 3015 N. OCEAN BLVD., STE 109
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE T
NAME MODRECK, GEORGIA
STREET ADDRESS 3015 N. OCEAN BLVD. #109
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE D
NAME ERBELING, JOHN S.
STREET ADDRESS 3015 N. OCEAN BLVD. #109
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE D
NAME WRIGHT, JOHN B.
STREET ADDRESS 3015 N OCEAN BLVD, STE 109
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/04/05-80126-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-05 954.772.736