

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90008 005 \*\*\*\*61.25

**DOCUMENT # N97000006056**

1. Entity Name

**ANA'S CHILDREN FOUNDATION, INC.**

Principal Place of Business

**175 NORMAN STREET  
 PORT CHARLOTTE FL 33954**

Mailing Address

**175 NORMAN STREET  
 PORT CHARLOTTE FL 33954**

2. Principal Place of Business

**1326 GERANIUM AVE**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

**North Port FLORIDA**

City & State

**Same**

Zip

**34287**

Country

**U.S.A.**

Zip

**Same**

Country

**Same**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BANGO, ANA ISABEL  
 175 NORMAN STREET  
 PORT CHARLOTTE FL 33954**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**BANGO ANA ISABEL 7/13/2001**

DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **BANGO, ANA ISABEL**  
 STREET ADDRESS **175 NORMAN STREET**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **D** ☐ Delete  
 NAME **CHASSAGNE, JEAN**  
 STREET ADDRESS **175 NORMAN STREET**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **D** ☐ Delete  
 NAME **BERNDT, CYNTHIA V**  
 STREET ADDRESS **175 NORMAN STREET**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition  
 NAME **BANGO ANA ISABEL**  
 STREET ADDRESS **1326 GERANIUM AVE**  
 CITY-ST-ZIP **North Port FL 34287**

TITLE **D** ☐ Change ☐ Addition  
 NAME **Jean CHASSAGNE**  
 STREET ADDRESS **1326 GERANIUM AVE**  
 CITY-ST-ZIP **North Port FL 34287**

TITLE **D** ☐ Change ☐ Addition  
 NAME **Bernad CYNTHIA V.**  
 STREET ADDRESS **1326 GERANIUM AVE**  
 CITY-ST-ZIP **North Port FL 34287**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**BANGO ANA ISABEL 7.13.2001**

CR2E037 (5/01)

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