

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000001924

1. Entity Name

CHILDREN OF THE NATIONS INTERNATIONAL  
ADOPTIONS, INC.



FILED

04 OCT 28 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10241 WIDGEON WAY  
NEW PORT RICHEY FL 34654

Mailing Address

10241 WIDGEON WAY  
NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-3576157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALESSANDRO, BARBARA G  
10241 WIDGEON WAY  
NEW PORT RICHEY FL 34654

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. 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 reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ALESSANDRO, BARBARA G, President ☐ Delete  
STREET ADDRESS 10241 WIDGEON WAY  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE Chalet Thibault, SE. REG. ☐ Change ☒ Addition  
NAME 3545 WAKE ROBIN WAY  
STREET ADDRESS CUMMING GA 30040  
CITY-ST-ZIP DIRECTOR

TITLE D ☒ Delete  
NAME BOWMAN, JUDY  
STREET ADDRESS 6768 RIVER RD.  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE D ☐ Delete  
NAME BURKE, TERESA - VESTRA DIRECTOR  
STREET ADDRESS 8914 179TH STREET E  
CITY-ST-ZIP PUYALLUP WA 98379

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

TITLE D ☒ Delete  
NAME STADELNIKAS, JOSEPH  
STREET ADDRESS 4812 GIVENS CT  
CITY-ST-ZIP SARASOTA FL 34242

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

TITLE T ☒ Delete  
NAME BIGELOW, KRISTINE  
STREET ADDRESS 630 EMBASSY BLVD., SUITE 15  
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☐ Delete  
NAME BRAMBLE, GEMMA Vice President  
STREET ADDRESS 526 RICH LYNE ST STE C  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

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:

Barbara G. Alessandro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/04 727-859-0365  
Date Daytime Phone #