

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # N99000001924

1. Entity Name

CHILDREN OF THE NATIONS INTERNATIONAL  
ADOPTIONS, INC.



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

4. FEI Number

59-3576157

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

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, 2006

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

☐ Change ☐ Add  
U00000532332  
05/06/06-80077-022 61.25

TITLE D ☐ Delete  
NAME THIBAUT, CHALETE  
STREET ADDRESS 3545 WAKE ROBIN WAY  
CITY- ST- ZIP CUMMING GA 30040

☐ Change ☐ Add

TITLE D ☐ Delete  
NAME BURKE, TERESA  
STREET ADDRESS 1000 E. OCEAN BLVD, SUITE 514  
CITY- ST- ZIP LONG BEACH CA 90802

☐ Change ☐ Add

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

☐ Change ☐ Add

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Add

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4/20/06

727-859-0365

Date

Daytime Phone #