

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2007 8:00 am
Secretary of State

DOCUMENT # N93000001924

1. Entity Name

CHILDREN OF THE NATIONS INTERNATIONAL
ADOPTIONS, INC.



07-05-2007 90004 001 ****61.25

07-05-2007 90004 002 *****8.75

Principal Place of Business

Mailing Address

10241 WIDGEON WAY
NEW PORT RICHEY FL 34654

10241 WIDGEON WAY
NEW PORT RICHEY FL 34654



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

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

Barbara G. Alessandro, President

(NOTE: Registered Agent signature required when reinstating)

DATE

March 31, 2007

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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

3/31/07 722-859-0365

Date Daytime Phone #