

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91313 016 ****61.25

DOCUMENT # N99000006251

1. Entity Name

CHRISTIAN CARE FOR LIL' ANGELS, INC.

Principal Place of Business

**342 NORTH VALUSIA AVE.
 ORANGE CITY FL 32763**

Mailing Address

**342 NORTH VALUSIA AVE.
 ORANGE CITY FL 32763**

657685



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3602601

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WELDON, SHERYL L
 1455 17TH STREET
 ORANGE CITY FL 32763**

*632 W. Central Ave.
 Orange City, FL 32763*

7. Name and Address of New Registered Agent

Name *Sheryl L. Weldon*

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

632 W. Central Ave.

City *Orange City*

FL

Zip Code

32763

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 *(address only)*

SIGNATURE

Sheryl L. Weldon

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**

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	T	<input type="checkbox"/> Delete
NAME	WELDON, SHERYL L	
STREET ADDRESS	1455 17TH STREET	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	T	<input type="checkbox"/> Delete
NAME	WELDON, CHRISTOPHER G	
STREET ADDRESS	1455 17TH STREET	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARTELL, SUSAN	
STREET ADDRESS	444-200 WISPERING PINES DRIVE	
CITY-ST-ZIP	SCOTTSVALLEY CA 95066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>632 W. Central Ave</i>	
STREET ADDRESS	<i>Orange City, FL 32763</i>	
CITY-ST-ZIP		
TITLE	" "	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Sheryl L. Weldon

5/10/01 - 306775-0016

CR2E037 (10/00)