

# 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

*Same*

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.

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 ☐ Delete  
 NAME **WELDON, SHERYL L**  
 STREET ADDRESS **1455 17TH STREET**  
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Delete  
 NAME **WELDON, CHRISTOPHER G**  
 STREET ADDRESS **1455 17TH STREET**  
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Delete  
 NAME **BARTELL, SUSAN**  
 STREET ADDRESS **444-200 WISPERING PINES DRIVE**  
 CITY-ST-ZIP **SCOTTSVALLEY CA 95066**

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 ☒ Change ☐ Addition  
 NAME *632 W. Central Ave*  
 STREET ADDRESS *Orange City, FL 32763*  
 CITY-ST-ZIP

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

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

*Sheryl L. Weldon*

*5/18/01 - 3067725-0016*

CR2E037 (10/00)

**657685**



DO NOT WRITE IN THIS SPACE