

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90036 031 ****70.00

DOCUMENT # N99000006251

1. Entity Name

CHRISTIAN CARE FOR LIL' ANGELS, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

342 N. Valusia Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

FL

Zip

32763

Country

USA

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

7. Name and Address of New Registered Agent

**WELDON, SHERYL L
 632 WEST CENTRAL AVENUE
 ORANGE CITY FL 32763**

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.

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

\$70.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WELDON, SHERYL L	
STREET ADDRESS	632 WEST CENTRAL AVENUE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WELDON, CHRISTOPHER G	
STREET ADDRESS	632 WEST CENTRAL AVENUE	
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	SCOTTSDALE 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		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly, Michael	
STREET ADDRESS	1025 S. Volusia Av.	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myers, Donna	
STREET ADDRESS	3328 Partridge St.	
CITY-ST-ZIP	Deltona FL 32728	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geser, Don	
STREET ADDRESS	702 Armadillo Dr.	
CITY-ST-ZIP	Deltona, FL 32728	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weldon, Sheryl L.	
STREET ADDRESS	632 W. Central Av.	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weldon, Christopher	
STREET ADDRESS	632 W. Central Av.	
CITY-ST-ZIP	Orange City, FL 32763	
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-02 (386) 775-0016

Date

Daytime Phone #

CR2E037 (9/01)