

2002 UNIFORM BUSINESS REPORT (UBR)

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

342 N. Volusia 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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Kelly, Michael
1025 S. Volusia Av.
Orange City, FL 32763

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WELDON, CHRISTOPHER G
632 WEST CENTRAL AVENUE
ORANGE CITY FL 32763

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Myers, Donna
3328 Partridge St.
Deltona, FL 32728

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BARTELL, SUSAN
444-200 WISPERING PINES DRIVE
SCOTTSVALLEY CA 95066

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Geser, Don
702 Armadillo Dr.
Deltona, FL 32728

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Weldon, Shery L.
632 W. Central Av.
Orange City, FL 32763

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Weldon, Christopher
632 W. Central Av.
Orange City, FL 32763

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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



DO NOT WRITE IN THIS SPACE

03/07/02

CR2E037 (9/01)

2-22-02 (386) 775-0016
Daytime Phone #