

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006251

FILED
Jan 04, 2005
Secretary of State

Entity Name: CHRISTIAN CARE FOR LIL' ANGELS, INC.

Current Principal Place of Business:

346 NORTH VOLUSIA AVE.
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

346 NORTH VOLUSIA AVE.
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-3602601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KELLY, MICHAEL
Address: 1025 S VOLUSIA AV
City-St-Zip: ORANGE CITY, FL 32763

Title: T () Delete
Name: MYERS, DONNA
Address: 3320 PARTRIDGE ST
City-St-Zip: DELTONA, FL 32728

Title: T () Delete
Name: GESER, DON
Address: 702 ARMADILLO DR
City-St-Zip: DELTONA, FL 32728

Title: PD () Delete
Name: WELDON, SHERYL L
Address: 632 W CENTRAL AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: S () Delete
Name: WELDON, CHRISTOPHER
Address: 632 W CENTRAL AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: MRS () Delete
Name: MCNUTT, SUSAN J
Address: 444-200 WHISPERING PINES DRIVE
City-St-Zip: SCOTTS VALLEY, CA 95066 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL L. WELDON

PRES

01/04/2005

Electronic Signature of Signing Officer or Director

Date