2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N99000006251

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

Current Principal Place of Business:

74 S. CHARLES RICHARD BEALL BLVD
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

74 S. CHARLES RICHARD BEALL BLVD
DEBARY, FL 32713

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:	MR.	( ) Delete
Name:	KELLY, MICHAEL	
Address:	1025 S VOLUSIA AV	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	MRS	( ) Delete
Name:	MYERS, DONNA	
Address:	24208 N.W. 110TH AVE	
City-St-Zip:	ALACHUA, FL 32615	
Title:	MR	( ) 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:	46442 EASTWOOD DR. NORTH	
City-St-Zip:	OAKHURST, CA 93644 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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 exemption stated in Chapter 119, 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 03/25/2009
Electronic Signature of Signing Officer or Director — Date