

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009321

Entity Name: TORCH RELAY FOR CHILDREN'S MIRACLE NETWORK, INC.**Current Principal Place of Business:**6649 WESTWOOD BLVD.
ORLANDO, FL 32821**Current Mailing Address:**PO BOX 692589
ORLANDO, FL 32869**FEI Number: 80-0080028****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KOCAREK, KEITH
6649 WESTWOOD BOULEVARD
ORLANDO, FL 32821 US*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**Officer/Director Detail :**

Title	CHAIRMAN AND CHIEF EXECUTIVE OFFICER
Name	KOCAREK, KEITH
Address	P O BOX 692589
City-State-Zip:	ORLANDO FL 32569

Title	DIRECTOR
Name	GIRISHANKAR, PRIYA
Address	PO BOX 692589
City-State-Zip:	ORLANDO FL 32569

Title	DIRECTOR
Name	BRETL, DAN
Address	PO BOX 692589
City-State-Zip:	ORLANDO FL 32569

Title	DIRECTOR
Name	RUTENBERG, CHERYL
Address	P O BOX 692589
City-State-Zip:	ORLANDO FL 32569

Title	COO
Name	WEISZ, SCOTT
Address	PO BOX 692589
City-State-Zip:	ORLANDO FL 32569

Title	DIRECTOR
Name	TODD, JOANNA
Address	PO BOX 692589
City-State-Zip:	ORLANDO FL 32869

I hereby 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 all other like empowered.

SIGNATURE: KEITH KOCAREK**CHAIRMAN & CEO****06/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date