2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2014
Secretary of State
CC3566683210

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Entity Name: CHILDHOOD ANXIETY NETWORK INC

Current Principal Place of Business:

19 SEPTEMBER DR
GREENLAND, NH 03840

Current Mailing Address:

PO BOX 582
GREENLAND, NH 03840 US

FEI Number: 65-0946164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOVAC, LISA
421 HILLCREST DR.
OVIEDO, FL 32765 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	PRES
Name	KOTRBA, AIMEE PHD
Address	THRIVING MINDS BEHAVIORAL HEALTH 10327 E. GRAND RIVER SUITE 406
City-State-Zip:	BRIGHTON MI 48116

Title	SEC
Name	ANAN, RUTH PHD, BCBA
Address	WILLIAM BEAUMONT HOSPIAL 1695 WEST TWELVE MILE RD., SUITE 120
City-State-Zip:	BERKLEY MI 48072

Title	DIR
Name	KLEIN, EVELYN R. PHD, CCC-SLP, BRS-CL
Address	LA SALLE UNIVERSITY, SLHS PROGRAM 1900 W. OLNEY BLVD. ST. BENILDE TWR., 2ND FLOOR
City-State-Zip:	PHILADELPHIA PA 19141

Title	DIR.
Name	BUNNELL, BRIAN B.A.
Address	UNIVERSITY OF CENTRAL FLORIDA, DEPT OF PSY. ANXIETY DISORDERS CLINIC 4000 CENTRAL FLORDIA BLVD.
City-State-Zip:	ORLANDO FL 32816-1390

Title	TREA
Name	MARTIS ZAMBRISKI, PAMELA
Address	116 VIA ESTRELLITA
City-State-Zip:	REDONDO BEACH CA 90277

Title	DIR
Name	JOFFE, VERA PHD
Address	10167 NW 31ST STREET
City-State-Zip:	CORAL SPRINGS FL 33065

Title	EXECUTIVE DIR
Name	KOVAC, LISA ED.S.
Address	421 HILLCREST DRIVE
City-State-Zip:	OVIEDO FL 32765

Title	DIR.
Name	KAUFER, JULIE
Address	2004 JOHN STREET
City-State-Zip:	MANHATTAN BEACH CA 90266

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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: PAMELA MARTIS ZAMBRISKI TREASURER 01/10/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIR.
Name	MILLER, ALISON PSY.D.
Address	2324 WST JOPPA RD., STE. 420
City-State-Zip:	LUTHERVILLE MD 21093

Title	DIR.
Name	SEGGERMAN, RICHARD CPA
Address	1201 COUNTRY MEADOWS DRIVE
City-State-Zip:	WAVERLY IA 50677

Title	DIR.
Name	MORAN-GILLARD, SHANNON PSY.D.
Address	7216 SHAFTESBURY AVE.
City-State-Zip:	ST. LOUIS MO 63130

Title	DIR.
Name	MORTORONO, ROBERT
Address	796 SUMMIT AVE.
City-State-Zip:	HACKENSACK NJ 07601