

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000312

FILED
Apr 24, 2006
Secretary of State

Entity Name: FLORIDA PHILANTHROPIC NETWORK, INC.

Current Principal Place of Business:

199 EAST WELBOURNE AVENUE
SUITE 203
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

199 EAST WELBOURNE AVENUE
SUITE 203
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 20-1328734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, PAMELA A
199 EAST WELBOURNE AVENUE
SUITE 203
WINTER PARK, FL 32789 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: CHMN () Delete
Name: MAGILL, SHERRY O PH.D.
Address: ONE INDEPENDENT DRIVE, SUITE 1400
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VCHM () Delete
Name: SHACK, RUTH
Address: 200 S. BISCAYNE BLVD., SUITE 505
City-St-Zip: MIAMI, FL 33131 US

Title: S/TR () Delete
Name: MARCUS, STEVEN E PH.D.
Address: 601 BRICKELL KEY DRIVE
City-St-Zip: MIAMI, FL 33131 US

Title: DIR () Delete
Name: DAVID, ODAHOWSKI A J.D.
Address: 199 EAST WELBOURNE AVENUE, SUITE 100
City-St-Zip: WINTER PARK, FL 32789 US

Title: DIR () Delete
Name: ALBERTO, IBARGUEN
Address: 200 S. BISCAYNE BLVD., SUITE 3300
City-St-Zip: MIAMI, FL 33131 US

Title: () Delete
Name:
Address:
City-St-Zip:

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: DIR () Change (X) Addition
Name: BOYLE, EILEEN
Address: 19321 US HIGHWAY 19 NORTH, SUITE 412
City-St-Zip: CLEARWATER, FL 33764 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERRY P. MAGILL

DIR

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date