

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012251

FILED
Feb 14, 2008
Secretary of State

Entity Name: FINAL EXIT NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

301 S. GULFSTREAM AVE., UNIT 304
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

301 S. GULFSTREAM AVE., UNIT 304
SARASOTA, FL 34236

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHASTAIN, JAMES J
301 S. GULFSTREAM AVE., UNIT 304
SARASOTA, FL 34236 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: D () Delete
Name: BACKES, VERNON
Address: 4571 LEGACY CT.
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: BILLINGS, NAN
Address: 3429 TALLYWOOD LANE
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: CHASTAIN, JAMES J
Address: 301 S. GULFSTREAM AVE., UNIT 304
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: KAPLAN, SAM
Address: 1519 PELICAN PT. DR., BA.19
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: WEEKS, SUE
Address: 8136 NICE WAY
City-St-Zip: SARASOTA, FL 34238

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:

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: JAMES J CHASTAIN

PRES

02/14/2008

Electronic Signature of Signing Officer or Director

Date