#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000312

Entity Name: FLORIDA PHILANTHROPIC NETWORK, INC.

**FILED** Jan 23, 2017 Secretary of State CC3806161113

## **Current Principal Place of Business:**

1211 N. WESTSHORE BOULEVARD

SUITE 314

TAMPA, FL 33607

## **Current Mailing Address:**

1211 N. WESTSHORE BOULEVARD

SUITE 314

TAMPA, FL 33607 US

FEI Number: 20-1328734 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

CARLSON, STACY L 1211 N. WESTSHORE BOULEVARD SUITE 314

TAMPA, FL 33607 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: STACY L CARLSON 01/23/2017

> Date Electronic Signature of Registered Agent

> > Title

**TRUSTEE** 

Officer/Director Detail:

Title VICE PRESIDENT, C Title ASST. VP, CORP. PHIL.

Name TOWLER, SUSAN Name BENTLEY, KIM

4800 DEER CAMPUS PARKWAY 111 JIM MORAN BLVD. Address Address

**BUILDING 300** 

**SUITE 3300** 

City-State-Zip: DEERFIELD BEACH FL 33442 City-State-Zip: JACKSONVILLE FL 32246

PRESIDENT/CEO, VC Title VICE PRESIDENT, HUMAN Title

Name MADDOX, PATTY RESOURCES & ADMINISTRATION,

SECRETARY Address 220 EDINBURGH DRIVE

Name COUDREAUT CURIEL, TERESE City-State-Zip: WINTER PARK FL 32792

Address 200 SOUTH BISCAYNE BOULEVARD

Title PRESIDENT/CEO MIAMI FL 33131 City-State-Zip: Name CARLSON, STACY

Address 1211 N. WESTSHORE BOULEVARD Title PRESIDENT/CEO

SUITE 314 SOTO, JAVIER Name

TAMPA FL 33607 City-State-Zip:

40 NW 3RD STREET Address SUITE 305

MIAMI FL 33128 City-State-Zip: Name SMITH JUAREZ, ASHLEY

Address 1614 DUNSFORD ROAD Title **TREASURER** JACKSONVILLE FL 32207 City-State-Zip: Name HANSEN, TERI

2 NORTH TAMIAMI TRAIL

Address Continues on page 2 SUITE 314

SARASOTA FL 34236 City-State-Zip:

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.

01/23/2017 SIGNATURE: STACY L. CARLSON PRESIDENT/CEO

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR, CORPORATE CITIZENSHIP

Name GIDUSKO, NANCY

Address PO BOX 10000

City-State-Zip: LAKE BUENA VISTA FL 32830

Title PRESIDENT/CEO
Name SPALTEN, MARLENE

Address 550 NORTH REO STREET

SUITE 301

City-State-Zip: TAMPA FL 33609

Title PRESIDENT
Name KELLY, ERIC

Address 2701 NORTH AUSTRALIAN AVENUE

SUITE 200

City-State-Zip: WEST PALM BEACH FL 33407