

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000312

FILED
Feb 25, 2019
Secretary of State
5831865935CC

Entity Name: FLORIDA PHILANTHROPIC NETWORK, INC.

Current Principal Place of Business:

5421 BEAUMONT CENTER BLVD,
SUITE #655
TAMPA, FL 33634

Current Mailing Address:

5421 BEAUMONT CENTER BLVD,
SUITE #655
TAMPA, FL 33634 US

FEI Number: 20-1328734

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCFALLS, ROBERT
5421 BEAUMONT CENTER BLVD.
SUITE 655
TAMPA, FL 33634 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

02/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD CHAIR
Name COUDREAU CURIEL, TERESE
Address 200 SOUTH BISCAYNE BOULEVARD
SUITE 3300
City-State-Zip: MIAMI FL 33131

Title PAST CHAIR
Name MADDOX, PATRICIA(PATTY)
Address 220 EDINBURGH DRIVE
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name HANSEN, TERI
Address 2 NORTH TAMiami TRAIL
SUITE 314
City-State-Zip: SARASOTA FL 34236

Title D
Name SMITH JUAREZ, ASHLEY
Address 1614 DUNSFORD ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name KELLY, ERIC
Address 2701 NORTH AUSTRALIAN AVENUE
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33407

Title D
Name SPALTEN, MARLENE
Address 4300 W. CYPRESS STREET
SUITE #700
City-State-Zip: TAMPA FL 33607

Title PCEO
Name MCFALLS, ROBERT
Address 5421 BEAUMONT CENTER BLVD.
SUITE 655
City-State-Zip: TAMPA FL 33634

Title SECRETARY
Name GINDLING, JOHNETTE
Address 1100 ROCKLEDGE BLVD.
SUITE #100
City-State-Zip: MELBOURNE FL 32955

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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: ROBERT MCFALLS

PRESIDENT & CEO

02/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOKANSON, CHARLES
Address 101 EAST KENNEDY BLVD
SUITE #2050
City-State-Zip: TAMPA FL 33602

Title TREASURER
Name CROMWELL, TIM
Address 4800 DEERWOOD CAMPUS PARKWAY
DC3-4
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name COOGAN, EILEEN
Address 33920 US HIGHWAY 19 NORTH
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name SACERDOTE, GRACE
Address 245 RIVERSIDE AVE.
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202