

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000312

**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC1634452464**

**Entity Name:** FLORIDA PHILANTHROPIC NETWORK, INC.

**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:**

MCFALLS, ROBERT  
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

03/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BENTLEY, KIM  
Address 111 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title V  
Name COUDREAUT CUIEL, TERESE  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 3300  
City-State-Zip: MIAMI FL 33131

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

Title T  
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 D  
Name GIDUSKO, NANCY  
Address WALT DISNEY WORLD RESORT  
City-State-Zip: ORLANDO FL 32830

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

Title D  
Name SPALTEN, MARLENE  
Address 550 NORTH REO STREET  
SUITE 301  
City-State-Zip: TAMPA FL 33609

**Continues on page 2**

*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**

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name REEVES, CORY  
Address 601 TAMIAMI TRAIL SOUTH  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name GINDLING, JOHNETTE  
Address 6905 N. WICKHAM RD  
#301  
City-State-Zip: MELBOURNE FL 32940

Title PCEO  
Name MCFALLS, ROBERT  
Address 1211 N. WESTSHORE BLVD.  
SUITE 314  
City-State-Zip: TAMPA FL 33607

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