

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000312

FILED
Apr 15, 2016
Secretary of State
CC5388329159

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:

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

04/15/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name TOWLER, SUSAN
Address 4800 DEER CAMPUS PARKWAY
BUILDING 300
City-State-Zip: JACKSONVILLE FL 32246

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

Title VICE PRESIDENT, HUMAN
RESOURCES & ADMINISTRATION
Name COUDREAU CURIEL, TERESE
Address 200 SOUTH BISCAYNE BOULEVARD
SUITE 3300
City-State-Zip: MIAMI FL 33131

Title VC
Name MADDOX, PATTY
Address 220 EDINBURGH DRIVE
City-State-Zip: WINTER PARK FL 32792

Title PRESIDENT/CEO
Name SOTO, JAVIER
Address 40 NW 3RD STREET
SUITE 305
City-State-Zip: MIAMI FL 33128

Title PRESIDENT/CEO
Name CARLSON, STACY
Address 1211 N. WESTSHORE BOULEVARD
SUITE 314
City-State-Zip: TAMPA FL 33607

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

Title REGIONAL VICE PRESIDENT, MIAMI-
DADE
Name MILANES, MIGUEL
Address 2050 CORAL WAY
SUITE 200
City-State-Zip: MIAMI FL 33145

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: STACY L CARLSON

PRESIDENT/CEO

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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