

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000312

FILED
Mar 06, 2020
Secretary of State
9597435908CC

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

03/06/2020

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

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

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

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

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

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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

OFFICE MANAGER

03/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name CARVAJAL, TONY
Address 3320 THOMASVILLE RAOD
 SUITE 200
City-State-Zip: TALLAHASSEE FL 32308

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

Title DIRECTOR
Name HOUSTON, DARYL
Address 700 SOUTH DIXIE HIGHWAY
 SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401