

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001314

**Entity Name:** CHARITY PARTNERS NETWORK, INC.

**Current Principal Place of Business:**

5117 WILLOW LEAF DRIVE  
SARASOTA, FL 34241

**Current Mailing Address:**

P.O. BOX 21193  
SARASOTA, FL 34276

**FEI Number:** 47-2870236

**Certificate of Status Desired:** No

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

PINK, MICHAEL  
5117 WILLOW LEAF DRIVE  
SARASOTA, FL 34241 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PINK, MICHAEL  
Address 5117 WILLOW LEAF DRIVE  
City-State-Zip: SARASOTA FL 34241

Title T  
Name HOLSAPPLE, WES II  
Address 117 MEADOWVIEW DRIVE  
City-State-Zip: BRANDON MS 39047

Title S  
Name HERRON, MARK  
Address 4235 NORA LANE  
City-State-Zip: DULUTH GA 30096

Title EXECUTIVE DIRECTOR  
Name JUDY, PINK A  
Address 5117 WILLOW LEAF DRIVE  
City-State-Zip: SARASOTA FL 34241

*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: MICHAEL PINK**

**PRESIDENT**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date