

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N23000005947

Entity Name: SOF NETWORK,INC.

Current Principal Place of Business:

9202 LOST MILL DRIVE
LAND O LAKES, FL 34638

Current Mailing Address:

9202 LOST MILL DRIVE
LAND O LAKES, FL 34638 US

FEI Number: 93-1502221

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US-1
NORTH PALM BEACH, FL 33408 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 DIRECTOR & PRESIDENT
Name OSTRANDER, CHRISTOPHER LEE
Address 9202 LOST MILL DRIVE
City-State-Zip: LAND O LAKES FL 34638

Title DIRECTOR & VICE PRESIDENT
Name WHEELER, JOHN
Address 1550 VINTAGE CLUB DR.
City-State-Zip: GREENSBORO GA 30642

Title TREASURER
Name ROWE, JILLIAN B.
Address 229 6TH AVE
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name CLINE, STEVEN E.
Address 134 BRICKHOUSE LN
City-State-Zip: FUQUAY-VARINA NC 27526

Title DIRECTOR
Name DEGNETTO, KAMMIE JEANNE
Address 2646 MUDDY HOLLOW ROAD
City-State-Zip: DANDRIDGE TN 37725

Title DIRECTOR
Name SPROWLS, CHRISTINE
Address 305 W 42ND STREET
City-State-Zip: AUSTIN TX 78751

Title DIRECTOR
Name BALL, JUSTIN ANDREW
Address 15 LA QUINTA LOOP
City-State-Zip: PINEHURST NC 28374

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: CHRISTOPHER OSTRANDER

PRESIDENT

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date