2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# 766010

Entity Name: THE LUPUS SUPPORT NETWORK, INC.

Current Principal Place of Business:

1108 AIRPORT BLVD
C
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

PO BOX 17841
PENSACOLA, FL 32522

New Mailing Address:

FEI Number: 59-2269094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGERSINGER, WANDA
5384 HARMONY LN.
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: FAGAN, DAVE
Address: 4515 BAYWOODS CT
City-St-Zip: PENSACOLA, FL 32504

Title: VP
Name: FLETCHER, FLEMING
Address: 226 PALAFOX PL SEVILLE TOWER FLOOR 9
City-St-Zip: PENSACOLA, FL 32502

Title: D
Name: SMITH, PATSY
Address: 4315 HICKORY SHORES BLVD.
City-St-Zip: GULF BREEZE, FL 32561

Title: D
Name: TRISHA, WOODBURN
Address: 322 FLORIDA AVE
City-St-Zip: GULF BREEZE, FL 32561

Title: D
Name: ALEXANDER, TERRY
Address: 6444 MEMPHIS AVE
City-St-Zip: PENSACOLA, FL 32526

Title: TREA
Name: SCHULTE, CHRIS
Address: 702 STONEWALL DR
City-St-Zip: GULF BREEZE, FL 32561

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: WANDA M. ARGERSINGER E.D. 01/08/2010

Electronic Signature of Signing Officer or Director Date