

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006446

FILED
Aug 02, 2004
Secretary of State**Entity Name:** SOUTHEASTERN NETWORK OF YOUTH AND FAMILY SERVICES, INC.**Current Principal Place of Business:**3780 VIA DEL REY
SUITE C
BONITA SPRINGS, FL 34134**New Principal Place of Business:****Current Mailing Address:**3780 VIA DEL REY
SUITE C
BONITA SPRINGS, FL 34134**New Mailing Address:****FEI Number:** 58-1543567**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALLEN, SHERRY L
3780 VIA DEL REY
SUITE C
BONITA SPRINGS, FL 34134 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: C () Delete
Name: HONG, STEPHANIE
Address: 536 W THIRD STREET
City-St-Zip: LEXINGTON, KY 40508

Title: VCP () Delete
Name: LOKAY, JAN
Address: 55 MCLEOD STREET
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: CAIN, PHIL
Address: P. O. BOX 535
City-St-Zip: SAGINAW, AL 35137

Title: D () Delete
Name: BONNEWELL, KAREN
Address: 706 HILLSBOROUGH STREET, SUITE 102
City-St-Zip: RALEIGH, NC 27603

Title: P () Delete
Name: ALLEN, SHERRY
Address: 6159 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: LOKAY, JAN
Address: 1407 DIXON BLVD
City-St-Zip: COCOA, FL 32922

Title: PC (X) Change () Addition
Name: HONG, STEPHANIE
Address: 166 N MLK BLVD
City-St-Zip: LEXINGTON, KY 40507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHERRY ALLEN

P/ED

08/02/2004

Electronic Signature of Signing Officer or Director

Date