

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006446

FILED
Mar 15, 2005
Secretary of State

Entity Name: SOUTHEASTERN NETWORK OF YOUTH AND FAMILY SERVICES, INC.

Current Principal Place of Business:

23881 SOUTH TAMIAMI TRAIL
EXECUTIVE SUITE 8
BONITA SPRINGS, FL 34134

New Principal Place of Business:

28331 SOUTH TAMIAMI TRAIL
UNIT 3
BONITA SPRINGS, FL 34134

Current Mailing Address:

23881 SOUTH TAMIAMI TRAIL
EXECUTIVE SUITE 8
BONITA SPRINGS, FL 34134

New Mailing Address:

28331 SOUTH TAMIAMI TRAIL
UNIT 3
BONITA SPRINGS, FL 34134

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:

ALLEN, SHERRY L
28331 S. TAMIAMI TR
UNIT 3
BONITA SPRINGS, FL 34134 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:

03/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: KOUNS, PHIL
Address: 879 BATTLE CREEK ROAD
City-St-Zip: JONESBORO, GA 30722

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

03/15/2005

Electronic Signature of Signing Officer or Director

Date