

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006446

FILED
Jan 04, 2008
Secretary of State

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

Current Principal Place of Business:

28331 SOUTH TAMIAMI TRAIL
UNIT 3
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

28331 SOUTH TAMIAMI TRAIL
UNIT 3
BONITA SPRINGS, FL 34134

New Mailing Address:

PO BOX 1173
BONITA SPRINGS, FL 34133 11

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
28331 S. TAMIAMI TR
UNIT 3
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: WOLF, MARK
Address: 2701 EAST 5TH AVENUE
City-St-Zip: KNOXVILLE, TN 37914

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

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: PRIEST, KEVIN
Address: 2310 NE 24TH STREET
City-St-Zip: OCALA, FL 34470

Title: PC (X) Change () Addition
Name: WOLF, MARK
Address: 2701 EAST 5TH AVE
City-St-Zip: KNOXVILLE, TN 37914

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 L ALLEN

P

01/04/2008

Electronic Signature of Signing Officer or Director

Date