

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006446

FILED  
Jan 05, 2010  
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:**

PO BOX 1173  
BONITA SPRINGS, FL 34133 11

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

Title: C  
Name: GAYLE, WATTS  
Address: 181 WEST VALLEY AVE, STE 300  
City-St-Zip: HOMEWOOD, AL 35209

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

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: SHERRY L ALLEN

CEO

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date