

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 12, 2008  
Secretary of State**

DOCUMENT# N02000000068

Entity Name: FAMILY TRAUMA SURVIVORS' NETWORK, INC.

**Current Principal Place of Business:**

5451-96 TERR. N  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

5451-96 TERR. N  
PINELLAS PARK, FL 33782

**New Mailing Address:**

FEI Number: 27-0025057      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CAPE, ANITA L  
5451 - 96TH TERRACE N.  
PINELLAS PARK, FL 33782      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: CAPE, ANITA L  
Address: 5451 - 96TH TERRACE N  
City-St-Zip: PINELLAS PARK, FL 33782

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

Title: T      ( ) Delete  
Name: DUNCAN, EVELYN  
Address: 5821 E. 71ST PLACE #511  
City-St-Zip: TULSA, OK 74136

Title: T      (X) Change ( ) Addition  
Name: DUNCAN, EVELYN  
Address: 5822 E. 71ST PLACE #1213  
City-St-Zip: TULSA, OK 74136

Title: RM      ( ) Delete  
Name: MALONE, DEBORAH  
Address: 625 LINCOLN  
City-St-Zip: WALLA WALLA, WA 99362

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: ANITA L. CAPE

C

05/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date