## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005973

Entity Name: FINANCIAL SUPPORT NETWORK, INC.

FILED Jan 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2180 IMMOKALEE RD 24040 COPPERLEAF BLVD 308 BONITA SPRINGS, FL 34135

NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

2180 IMMOKALEE RD 24040 COPPERLEAF BLVD BONITA SPRINGS, FL 34135

NAPLES, FL 34110

FEI Number: 61-1421410 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SLAUGHTER, WENDY L
2180 IMMOKALEE RD
308
NAPLES, FL 34110 US
BURRILL, DWIGHT A PRES
24040 COPPERLEAF BLVD
BONITA SPRINGS, FL 34135 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: DWIGHT A. BURRILL 01/15/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 SLAUGHTER, WENDY L
 Name:
 BURRILLD, DWIGHT A PRES

 Address:
 2108 IMMOKALEE RD., SUITE 308
 Address:
 24040 COPPERLEAF BLVD

City-St-Zip: NAPLES, FL 34110 Address. 24040 COFFEREAR BLVD

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: RIEMER, MIKE VP RIEMER, MIKE VP

Address: 10936 BATTERSEA LN City-St-Zip: COLUMBIA, MD 21044 City-St-Zip: COLUMBIA, MD 21044

Title: SD () Delete Title: () Change () Addition

 Name:
 GICK, VIRGINIA
 Name:

 Address:
 6428 SHANNON COURT
 Address:

 City-St-Zip:
 CLARKSVILLE, MD 21029
 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: DWIGHT A. BURRILL PRES 01/15/2004