2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90011 034 ****61.25

DOCUMENT # N03000000312

1. Entity Name
FLORIDA PHILANTHROPIC NETWORK, INC.

Principal Place of Business	Mailing Address
199 EAST WELBOURNE AVENUE SUITE 203 WINTER PARK, FL 32789 US	199 EAST WELBOURNE AVENUE SUITE 203 WINTER PARK, FL 32789 US

02262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1328734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERS, PAMELA A 199 EAST WELBOURNE AVENUE SUITE 203 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pamela A. Peters March 5, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (SEE ATTCH.)		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHMN MAGILL, SHERRY O PH.D. ONE INDEPENDENT DRIVE, SUITE 1400 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGILL, SHERRY P., PH.D ONE INDEPENDENT DRIVE, SUITE 1400 JACKSONVILLE, FLORIDA 32202-0511	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCHM SHACK, RUTH 200 S. BISCAYNE BLVD., SUITE 505 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SHACK, RUTH 200 S. BISCAYNE BLVD., SUITE 505 MIAMI, FLORIDA 33131-5330	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/TR MARCUS, STEVEN E PH.D. 601 BRICKELL KEY DRIVE MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCUS, STEVEN E., ED.D 2 S. BISCAYNE BLVD., SUITE 1710 MIAMI, FLORIDA 33131-2349	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR DAVID, ODAHOWSKI A J.D. 199 EAST WELBOURNE AVENUE, SUITE 100 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR ALBERTO, IBARGUEN 200 S. BISCAYNE BLVD., SUITE 3300 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEYER, LAWRENCE 200 S. BISCAYNE BLVD., SUITE 3300 MIAMI, FLORIDA 33131-2349	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR BOYLE, EILEEN 19321 US HIGHWAY 19 NORTH, SUITE 412 CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/TR BOYLE, EILEEN C. 19321-C U.S. HWY 19 N., SUITE 412 CLEARWATER, FLORIDA 33764	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth Shack March 7, 2007 305-371-2711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ruth Shack, Board Chair

ATTACHMENT
40094591

DOCUMENT # N03000000312
FLORIDA PHILANTHROPIC NETWORK

11. ADDITIONS TO OFFICERS/ DIRECTOR

TITLE	VC
NAME	CURRAN, JANE E.
STREET ADDRESS	109 EAST CHURCH STREET, SUITE 405
CITY-ST-ZIP	ORLANDO, FLORIDA 32801

TITLE	D
NAME	DEYOUNG, PATRICIA C.
STREET ADDRESS	5900 LAKE ELLENOR DRIVE
CITY-ST-ZIP	ORLANDO, FLORIDA 32809

TITLE	D
NAME	PETERS, PAMELA A.
STREET ADDRESS	199 E. WELBOUNRE AVENUE, SUITE 203
CITY-ST-ZIP	WINTER PARK, FLORIDA 32789