

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 006 ****61.25

DOCUMENT # N03000000312

1. Entity Name
FLORIDA PHILANTHROPIC NETWORK, INC.



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

Mailing Address
**199 EAST WELBOURNE AVENUE
SUITE 203
WINTER PARK, FL 32789 US**

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

03192008

Chg-NP

CR2E037 (12/06)

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

**PETERS, PAMELA A
199 EAST WELBOURNE AVENUE
SUITE 203
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **Katherine D. Ensign**

Street Address (P.O. Box Number is Not Acceptable)
199 East Welbourne Ave

#203

City **Winter Park**

FL

Zip Code **32789**

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

Katherine D. Ensign

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **D** ☐ Delete
NAME **MAGILL, SHERRY O PH.D.**
STREET ADDRESS **ONE INDEPENDENT DRIVE, SUITE 1400**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **C** ☐ Delete
NAME **SHACK, RUTH**
STREET ADDRESS **200 S. BISCAYNE BLVD., SUITE 505**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete
NAME **MARCUS, STEVEN E PH.D.**
STREET ADDRESS **2 S BISCAYNE BLVD SUITE 1710**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **DIR** ☐ Delete
NAME **DAVID, ODAHOWSKI A J.D.**
STREET ADDRESS **199 EAST WELBOURNE AVENUE, SUITE 100**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Delete
NAME **MEYER, LAWRENCE**
STREET ADDRESS **200 S. BISCAYNE BLVD., SUITE 3300**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **STR** ☐ Delete
NAME **BOYLE, EILEEN**
STREET ADDRESS **19321 US HIGHWAY 19 NORTH, SUITE 412**
CITY-ST-ZIP **CLEARWATER, FL 33764**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Katherine Ensign**
STREET ADDRESS **199 E Welbourne Ave #203**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **D** ☐ Change ☒ Addition
NAME **Jane Curran**
STREET ADDRESS **250 South Orange Avenue #600P**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☐ Change ☒ Addition
NAME **Patricia DeYoung**
STREET ADDRESS **5900 Lake Ellenor Dr**
CITY-ST-ZIP **Orlando, FL 32589**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STR/T** ☒ Change ☐ Addition
NAME **Eileen Boyle**
STREET ADDRESS **33920 U.S. Highway 19 North, Suite 269**
CITY-ST-ZIP **Palm Harbor, FL 34684**

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:

Katherine D. Ensign

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #