

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003676

FILED  
Feb 26, 2007  
Secretary of State

Entity Name: FLORIDA LAND TRUST NETWORK, INC.

**Current Principal Place of Business:**

851 SPIVEY LANE  
GALLOWAY, OH 43119 US

**New Principal Place of Business:**

**Current Mailing Address:**

851 SPIVEY LANE  
GALLOWAY, OH 43119 US

**New Mailing Address:**

FEI Number: 03-0505049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SUDORE, GAIL M  
1199 EDITION DR.  
BEAVERCREEK, OHIO, FL 4534 US

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

SUDORE, GAIL M  
851 SPIVEY LANE  
GALLOWAY, OH, FL 43119 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:

02/26/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SUDORE, GAIL  
Address: 1199 EDITION DR.  
City-St-Zip: BEAVERCREEK, OH 45434

Title: DS ( ) Delete  
Name: QUIGLEY, JILL  
Address: 3361 SE INLET HARBOR TERR  
City-St-Zip: STUART, FL 34996

Title: DT ( ) Delete  
Name: SUNDSTROM, JUDITH  
Address: 724 SE MICHAELS CT  
City-St-Zip: STUART, FL 34996

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

Title: DP (X) Change ( ) Addition  
Name: SUDORE, GAIL  
Address: 851 SPIVEY LANE  
City-St-Zip: GALLOWAY, OH 43119

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL M. SUDORE

DP

02/26/2007

Electronic Signature of Signing Officer or Director

Date