

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003676

FILED
Apr 29, 2009
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
851 SPIVEY LANE
GALLOWAY, OH, FL 43119 US

Name and Address of New Registered Agent:

SUDORE, GAIL M
851 SPIVEY LANE
GALLOWAY, 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: _____

Electronic Signature of Registered Agent

04/29/2009

Date

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: QUIGLEY, JILL
Address: 3361 SE INLET HARBOR TERR
City-St-Zip: STUART, FL 34996

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

Title: DS () Change (X) Addition
Name: VANGRIETHUYSEN, VALERIE
Address: 1199 EDITION DRIVE
City-St-Zip: BEAVERCREEK, OH 45434

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: GAIL M. SUDORE

Electronic Signature of Signing Officer or Director

DP

04/29/2009

Date