

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000800

FILED  
May 01, 2008  
Secretary of State

Entity Name: DIVORCE SUPPORT SERVICES, INC.

## Current Principal Place of Business:

365 5TH AVENUE SOUTH  
SUITE 202  
NAPLES, FL 34102

## New Principal Place of Business:

## Current Mailing Address:

365 5TH AVENUE SOUTH  
SUITE 202  
NAPLES, FL 34102

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

KLAUS, DALE W ESQUIRE  
365 5TH AVENUE SOUTH  
SUITE 202  
NAPLES, FL 34102 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

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KLAUS, DALE W ESQUIRE  
Address: 365 5TH AVENUE SOUTH, SUITE 202  
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete  
Name: FRAZIER, MARY E  
Address: 814 ANCHOR RD DRIVE  
City-St-Zip: NAPLES, FL 34103

Title: T ( ) Delete  
Name: MATHESON, ROBERT  
Address: 4501 TAMIMIA TRAIL NORTH SUITE 200  
City-St-Zip: NAPLES, FL 34103

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DALE W. KLAUS

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date