

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 OCT -3 PM 1:00

DOCUMENT # N04000001085					
1. Entity Name THE NETWORK OF YOUNG PROFESSIONALS, INC.					
Principal Place of Business 2321 GARLAND COURT #1 TALLAHASSEE, FL 32303			Mailing Address 2321 GARLAND COURT #1 TALLAHASSEE, FL 32303		
2. Principal Place of Business 2016 Delta Blvd Suite, Apt. #, etc. Ste. 201 City & State Tallahassee, FL Zip 32303 Country LEON		3. Mailing Address 2016 Delta Blvd. Suite, Apt. #, etc. Ste. 201 City & State Tallahassee, FL Zip 32303 Country LEON			
4. FEI Number 09142005 Chg-NP CR2E037 (10/03)				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FONTAINE, MICHELLE L 2321 GARLAND COURT #1 TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name: Melissa Hayes Street Address (P.O. Box Number is Not Acceptable): 2016 Delta Blvd. Ste. 201 City: Tallahassee FL Zip Code: 32303		
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: <i>Melissa Hayes</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		<i>Melissa Hayes</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		9.13.05 <small>DATE</small>	
Filing Fee is \$61.25 Due by October 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JOHNSTON, JASON M 3402 APALACHEE, STE G TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060245937 10/05/05--01025--003 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FONTAINE, MICHELLE L 2321 GARLAND COURT, #1 TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HAYES, MELISSA 2016 DELTA BLVD., STE. 201 TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MORHARD, JAIMI S 207 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KOPP, SEAN 3909 PRESERVE DRIVE, #1721 TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR STALLINGS, KARA 68 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Melissa Hayes

9.13.05

850.894.3474