

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004427

FILED  
Apr 23, 2006  
Secretary of State

**Entity Name:** TRAUMA SURVIVORS' SUPPORT NETWORK, INC.

**Current Principal Place of Business:**

8340 ULMERTON RD  
#218  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

8340 ULMERTON RD  
#218  
LARGO, FL 33771

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ADKINS, JUDY  
1001 STAR KEY RD  
#177  
LARGO, FL 337715427 US

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

ADKINS, JUDY  
9662 MAGNOLIA BLOSSOM DR  
TMAPA, FL 33626 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

04/23/2006

Date

**OFFICERS AND DIRECTORS:**

Title: MS. ( ) Delete  
Name: ADKINS, JUDY M FO  
Address: 8340 ULMERTON RD #218  
City-St-Zip: LARGO, FL 337715320

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

Title: MS. (X) Change ( ) Addition  
Name: ADKINS, JUDY M FO  
Address: 9662 MAGNOLIA BLOSSOM DR  
City-St-Zip: TAMPA, FL 33626

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: JUDY ADKINS

Electronic Signature of Signing Officer or Director

MS

04/23/2006

Date