

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004427

FILED
May 12, 2008
Secretary of State

Entity Name: TRAUMA SURVIVORS' SUPPORT NETWORK, INC.

Current Principal Place of Business:

7130 SEMINOLE BLVD
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

7130 SEMINOLE BLVD
SEMINOLE, FL 33772

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:

ADKINS, JUDY
9662 MAGNOLIA BLOSSOM DR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

ADKINS, JUDY
6814 CHARLOTTE HARBOR WAY
TAMPA, FL 33625 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: JUDY ADKINS

05/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: ADKINS, JUDY M FO
Address: 6814 CHARLOTTE HARBOR WAY
City-St-Zip: TAMPA, FL 33625

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: JUDY ADKINS

MS

05/12/2008

Electronic Signature of Signing Officer or Director

Date