

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004427

**FILED**  
**Apr 23, 2011**  
**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 ( )**

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

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

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

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: MS.  
Name: ADKINS, JUDY M  
Address: 6814 CHARLOTTE HARBOR WAY  
City-St-Zip: TAMPA, FL 33625

I hereby 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 all other like empowered.

SIGNATURE: JUDY M ADKINS

MS

04/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date