

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005731

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE FLORIDA CHAPTER OF THE SUPERVISED VISITATION NETWORK ,INC.

Current Principal Place of Business:

1221 KING STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

275 OAK STREET
BROOKSVILLE, FL 34601 US

Current Mailing Address:

1221 KING STREET
JACKSONVILLE, FL 32204 US

New Mailing Address:

275 OAK STREET
BROOKSVILLE, FL 34601 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULLET, JOSEPH
1221 KING STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

CHILDRESS, JERRY M
275 OAK STREET
BROOKSVILLE, FL 34601 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: JERRY M CHILDRESS

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NULLET, JOSEPH
Address: 1221 KING STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: S () Delete
Name: WATERMAN, TRISH
Address: 700 EAST TWIGS STREET, SUITE 102
City-St-Zip: TAMPA, FL 33602 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROGERS, SHARON
Address: P O BOX 436
City-St-Zip: SHALIMAR, FL 32579 US

Title: VP (X) Change () Addition
Name: WATERMAN, TRISH
Address: 700 EAST TWIGS STREET, SUITE 102
City-St-Zip: TAMPA, FL 33602 US

Title: S () Change (X) Addition
Name: WHITE, TINA
Address: 6825 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T () Change (X) Addition
Name: CHILDRESS, JERRY M
Address: 275 OAK STREET
City-St-Zip: BROOKSVILLE, FL 34601

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: JERRY M CHILDRESS

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date