

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000980

FILED
Sep 17, 2007
Secretary of State

Entity Name: FLORIDA PEER NETWORK, INC.

Current Principal Place of Business:

3389 SHERIDAN STREET #316
HOLLYWOOD, FL 33021

New Principal Place of Business:

13301 BRUCE B. DOWNS BLVD
MHC 2505
TAMPA, FL 33612

Current Mailing Address:

3389 SHERIDAN STREET #316
HOLLYWOOD, FL 33021

New Mailing Address:

13301 BRUCE B. DOWNS BLVD.
MHC 2505
TAMPA, FL 33612

FEI Number: 20-4291421 FEI Number Applied For () FEI Number Not Applicable () 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:

LANE, TOM
901 IBIS AVE
FT PIERCE, FL 34982 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: TOM LANE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANE, TOM
Address: 901 IBIS AVENUE
City-St-Zip: FT PIERCE, FL 34982

Title: V () Delete
Name: HENDRY, PATRICK
Address: 2295 VICTORIA AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: V () Delete
Name: RAYNER, CLINT
Address: 1221 W LAKEVIEW AVE
City-St-Zip: PENSACOLA, FL 32501

Title: S () Delete
Name: SPALDING, JANA
Address: PO BOX 667335
City-St-Zip: POMPANO BEACH, FL 33066

Title: T () Delete
Name: SCHNEIDER, WILLIAM
Address: 915 MIDDLE RIVER DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CLAY, SALLY
Address: 13301 BRUCE B. DOWNS BLVD., MHC 2505
City-St-Zip: TAMPA, FL 33612

Title: V (X) Change () Addition
Name: BEARD, TONI
Address: 13301 BRUCE B. DOWNS BLVD., MHC 2505
City-St-Zip: TAMPA, FL 33612

Title: S (X) Change () Addition
Name: WILLIAMS, BARBARA
Address: 13301 BRUCE B. DOWNS BLVD., MHC 2505
City-St-Zip: TAMPA, FL 33612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TOM LANE

P

09/17/2007

Electronic Signature of Signing Officer or Director

Date