2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000980

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA PEER NETWORK, INC.

FILED Mar 12, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
13301 BRU MHC 2505 TAMPA, FL	JCE B. DOWNS - 33612	BBLVD				
Current Mailing Address:				New Mailing Address:		
13301 BRUCE B. DOWNS BLVD. MHC 2505 TAMPA, FL 33612				13301 BRUCE B. DOWNS BLVD MHC 2505 TAMPA, FL 33612		
FEI Number: 20-4291421 FEI Number Applied Fo		FEI Number Applied For ()	FEI Nun	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LANE, TOM 901 IBIS AVE FT PIERCE, FL 34982 US				HENDRY, PATRICK 4386 JIB BOOM CT. 1F FT. MYERS, FL 33919 US		
The above in the State		ıbmits this statement for the pu	ırpose o	f changing i	ts registere	d office or registered agent, or both,
SIGNATURE: PATRICK HENDRY				03/12/2008		
	Electronic	Signature of Registered Ager	nt			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () C LANE, TOM 901 IBIS AVENUI FT PIERCE, FL			Title: Name: Address: City-St-Zip:	P BLUEBIRD, 13301 BRU TAMPA, FL	CE B. DOWNS BLVD. MHC 2505
Title: Name: Address: City-St-Zip:	CLAY, SALLY	Delete DOWNS BLVD., MHC 2505 2		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	BEARD, TONI	Delete DOWNS BLVD., MHC 2505 2		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	WILLIAMS, BARE	DOWNS BLVD., MHC 2505		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	T () E SCHNEIDER, WI 915 MIDDLE RIV FORT LAUDERD	ER DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition
Title:	()	Delete		Title:	E.D.	() Change (X) Addition

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.

Name:

Address:

City-St-Zip:

HENDRY, PATRICK R

4386 JIB BOOM CT. 1F FT. MYERS, FL 33919

SIGNATURE: PATRICK HENDRY E.D. 03/12/2008

Electronic Signature of Signing Officer or Director Date