

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000980

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA PEER NETWORK, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-4291421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRY, PATRICK
4386 JIB BOOM CT.
1F
FT. MYERS, FL 33919 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: P () Delete
Name: BLUEBIRD, GAYLE
Address: 13301 BRUCE B. DOWNS BLVD. MHC 2505
City-St-Zip: TAMPA, FL 33612

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

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

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

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

Title: E.D. () Delete
Name: HENDRY, PATRICK R
Address: 4386 JIB BOOM CT. 1F
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T (X) Change () Addition
Name: MASSOLIO, JOHN
Address: 13301 BRUCE B. DOWNS BLVD.
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: PATRICK HENDRY

E.D.

03/23/2009

Electronic Signature of Signing Officer or Director

Date