2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N06000004561

Entity Name: SUPPORTED EMPLOYMENT PLUS INC.

Current Principal Place of Business:

5370 57 AVE.NORTH
ST. PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

5388 57 AVE.NORTH
SAINTPETERSBURG, FL 33709 US

New Mailing Address:

FEI Number: 20-4748450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, PHYLLIS M
5388 57 AVE.NORTH
ST. PETERSBURG, FL 33709 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: PVP ( ) Delete
Name: ANDERSON, REGINA LYNN
Address: 5370 57 AVE.NORTH
City-St-Zip: ST. PETERSBURG, FL 33709 US

Title: DVP ( ) Delete
Name: JONES, PHYLLIS M
Address: 5388 57 AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: D ( ) Delete
Name: LEWETAG, MICHAEL J
Address: 5370 57 AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D (X) Delete
Name: WAISH, MICHAEL
Address: 11105-4TH ST.E.
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: WAISH, MICHAEL
Address: 11105-4TH ST.E.
City-St-Zip: TREASURE ISLAND, FL 33706

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: REGINA L. ANDERSON PRES 03/04/2009

Electronic Signature of Signing Officer or Director — Date