

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006294

FILED
Jul 07, 2008
Secretary of State

Entity Name: RURAL SOCIAL SERVICES PARTNERSHIP, INC.

Current Principal Place of Business:

9270 BAY PLAZA BLVD.
SUITE 609
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

9270 BAY PLAZA BLVD.
SUITE 609
TAMPA, FL 33619

New Mailing Address:

FEI Number: 20-5093568 **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:

MARTAUD, STEPHEN C
ACHIEVE MANAGEMENT
2215 EAST HENRY AVENUE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

LEIDEL, BRIAN
9270 BAY PLAZA BLVD
SUITE 712
TAMPA, FL 33619 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: BRIAN LEIDEL

07/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: CARUSO, MARY
Address: 100 EAST SHELL POINT RD
City-St-Zip: RUSKIN, FL 33570

Title: C () Delete
Name: MCEWEN, BRIAN
Address: 100 EAST SHELL POINT RD
City-St-Zip: RUSKIN, FL 33570

Title: VC () Delete
Name: RAMIREZ, RESA
Address: 100 EAST SHELL POINT RD
City-St-Zip: RUSKIN, FL 33570

Title: T () Delete
Name: CHAPLAIN, CELERIN
Address: 100 EAST SHELL POINT RD
City-St-Zip: RUSKIN, FL 33570

Title: S (X) Delete
Name: MADDEN, ANNE
Address: 100 EAST SHELL POINT RD
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: DILLON, MARY
Address: 9270 BAY PLAZA BLVD. SUITE 609
City-St-Zip: TAMPA, FL 33619

Title: C (X) Change () Addition
Name: MCEWEN, BRIAN
Address: 9270 BAY PLAZA BLVD. SUITE 609
City-St-Zip: TAMPA, FL 33619

Title: T (X) Change () Addition
Name: JOYNER, WESLEY
Address: 9270 BAY PLAZA BLVD. SUITE 609
City-St-Zip: TAMPA, FL 33619

Title: S (X) Change () Addition
Name: MADDEN, ANNE
Address: 9270 BAY PLAZA BLVD. SUITE 609
City-St-Zip: TAMPA, FL 33619

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: MARY DILLON

M

07/07/2008

Electronic Signature of Signing Officer or Director

Date