

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006294

FILED
Jan 12, 2009
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 ()

Name and Address of Current Registered Agent:

LEIDEL, BRIAN
9270 BAY PLAZA BLVD
SUITE 712
TAMPA, FL 33619 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: M () Delete
Name: DILLON, MARY
Address: 9270 BAY PLAZA BLVD. SUITE 609
City-St-Zip: TAMPA, FL 33619

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: C (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: FRIDELLA, DEE
Address: 9270 BAY PLAZA BLVD. SUITE 609
City-St-Zip: TAMPA, FL 33619

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

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

ED

01/12/2009

Electronic Signature of Signing Officer or Director

Date