

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006294

FILED  
Jan 06, 2010  
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: ED  
Name: DILLON, MARY  
Address: 9270 BAY PLAZA BLVD. SUITE 609  
City-St-Zip: TAMPA, FL 33619

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY C. DILLON

ED

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date