

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011273

FILED  
May 21, 2007  
Secretary of State

Entity Name: FLORIDA AFTERSCHOOL NETWORK, INC.

## Current Principal Place of Business:

820 E PARK AVE BLDG F  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

216 S. MONROE STREET  
TALLAHASSEE, FL 32301

## Current Mailing Address:

820 E PARK AVE BLDG F  
TALLAHASSEE, FL 32301

## New Mailing Address:

216 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

FREELAND, MARY E  
820 E PARK AVE BLDG F  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

PINTACUDA, LARRY  
216 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 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: LARRY PINTACUDA

05/21/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: DAVIS, JOE  
Address: 325 WEST GAINES STREET STE 544 TUR  
City-St-Zip: TALLAHASSEE, FL 32399

Title: DVC ( ) Delete  
Name: SANTIAGO, EDDIE  
Address: PO BOX 20425  
City-St-Zip: ST PETERSBURG, FL 33742

Title: DST ( ) Delete  
Name: FABER, JENN  
Address: 6973 KIMBERLY TERRACE  
City-St-Zip: FT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVC (X) Change ( ) Addition  
Name: FABER, JENN  
Address: 6973 KIMBERLY TERRACE  
City-St-Zip: FT. MYERS, FL 33919

Title: DST (X) Change ( ) Addition  
Name: LANIER, LINDA  
Address: 1095 A. PHILIP RANDOLPH BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32206

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: LARRY PINTACUDA

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05/21/2007

Electronic Signature of Signing Officer or Director

Date