

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011273

FILED
Jan 21, 2009
Secretary of State

Entity Name: FLORIDA AFTERSCHOOL NETWORK, INC.

Current Principal Place of Business:

216 S. MONROE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

216 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINTACUDA, LARRY
216 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 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: DC () Delete
Name: DAVIS, JOE
Address: 325 WEST GAINES STREET STE 544 TUR
City-St-Zip: TALLAHASSEE, FL 32399

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change () Addition
Name: WALLACE, MARGARET
Address: 6301 NW 5TH WAY, SUITE 3000
City-St-Zip: FT. LAUDERDALE, FL 333309

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

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date