

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003919

FILED
Apr 29, 2008
Secretary of State

Entity Name: SARASOTA FAMILY SUPPORT NETWORK, INC.

Current Principal Place of Business:

4630 17TH STREET
SARASOTA, FL 34235

New Principal Place of Business:

1751 MOUND STREET
SUITE 206
SARASOTA, FL 34236

Current Mailing Address:

4630 17TH STREET
SARASOTA, FL 34235

New Mailing Address:

1751 MOUND STREET
SUITE 206
SARASOTA, FL 34236

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JENNINGS, SUSAN
4630 17TH STREET
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

JENNINGS, SUSAN
1751 MOUND STREET
SARASOTA, FL 34236 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:

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: JENNINGS, SUSAN
Address: 4630 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: DVC () Delete
Name: CARNEY, LESLIE
Address: 4630 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: DST () Delete
Name: LEWIN, ROBERT
Address: 4630 17TH STREET
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: JENNINGS, SUSAN
Address: 1751 MOUND STREET
City-St-Zip: SARASOTA, FL 34236

Title: DVC (X) Change () Addition
Name: WILSON, JAMIE
Address: 1751 MOUND STREET
City-St-Zip: SARASOTA, FL 34236

Title: ED (X) Change () Addition
Name: LEWIN, KELLY
Address: 1751 MOUND STREET
City-St-Zip: SARASOTA, FL 34236

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: KELLY LEWIN

ED

04/29/2008

Electronic Signature of Signing Officer or Director

Date