

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003919

FILED  
Jun 18, 2009  
Secretary of State

Entity Name: SARASOTA FAMILY SUPPORT NETWORK, INC.

## Current Principal Place of Business:

1751 MOUND STREET  
SUITE 206  
SARASOTA, FL 34236

## New Principal Place of Business:

4620 17TH STREET  
SARASOTA, FL 34235

## Current Mailing Address:

1751 MOUND STREET  
SUITE 206  
SARASOTA, FL 34236

## New Mailing Address:

4620 17TH STREET  
SARASOTA, FL 34235

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

JENNINGS, SUSAN  
1751 MOUND STREET  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

JENNINGS, SUSAN  
4620 17TH STREET  
SARASOTA, FL 34235 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: SUSAN KENYON JENNINGS

06/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition  
Name: JENNINGS, SUSAN  
Address: 4620 17TH STREET  
City-St-Zip: SARASOTA, FL 34235

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

Title: ED (X) Change ( ) Addition  
Name: LEWIN, KELLY  
Address: 4620 17TH STREET  
City-St-Zip: SARASOTA, FL 34235

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

06/18/2009

Electronic Signature of Signing Officer or Director

Date