2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008
Secretary of State

DOCUMENT# N07000010986

Entity Name: STATEWIDE PUBLIC PENSION ORGANIZATIONAL NETWORK, INC.

Current Principal Place of Business:

2946 WELLINGTON CIRCLE EAST, STE. A
TALLAHASSEE, FL 32308

New Principal Place of Business:

2910 KERRY FOREST PARKWAY
D4-349
TALLAHASSEE, FL 32309

Current Mailing Address:

2946 WELLINGTON CIRCLE EAST, STE. A
TALLAHASSEE, FL 32308

New Mailing Address:

2910 KERRY FOREST PARKWAY
D4-349
TALLAHASSEE, FL 32309

FEI Number: 26-3160725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

COHEN, RONALD J ESQ
8100 OAK LANE, SUITE 403
MIAMI LAKES, FL 33016 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: D ( ) Delete
Name: EDMONDSON, RAYMOND
Address: 2946 WELLINGTON CIRCLE EAST, STE. A
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: DEPELTEAU, REY
Address: 138 COLLEGE ST., SUITE 1
City-St-Zip: SOUTH HADLEY, MA 01075

Title: D ( ) Delete
Name: HAPGOOD, PETER
Address: 176 MAIN STREET
City-St-Zip: SOUTHBRIDGE, MA 01550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: EDMONDSON, RAYMOND
Address: 2910 KERRY FOREST PARKWAY, D4-349
City-St-Zip: TALLAHASSEE, FL 32308

Title: S/T (X) Change ( ) Addition
Name: RYALS, KIM
Address: 2910 KERRY FOREST PARKWAY, D4-349
City-St-Zip: TALLAHASSEE, FL 32309

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

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: KIM RYALS S/T 08/28/2008

Electronic Signature of Signing Officer or Director — Date