

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011334

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE NETWORK CENTER, INC.

Current Principal Place of Business:

2840 NW 68 LANE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2840 NW 68 LANE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 74-3247001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYRRELL, MICHAEL S
2840 NW 68 LANE
MARGATE, FL 33063 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: PD () Delete
Name: TYRRELL, MICHAEL S
Address: 2840 NW 68 LANE
City-St-Zip: MARGATE, FL 33063

Title: STD () Delete
Name: TYRRELL, LILLIAN
Address: 2840 NW 68 LANE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: THIEL, PETE
Address: 102 NORTHLAKE AVE
City-St-Zip: OTTERTAIL, MN 56571

Title: D () Delete
Name: NELSON, VICK
Address: 7325 HALLIDAY LANE
City-St-Zip: BEAUMONT, TX 77706

Title: D () Delete
Name: DONAHOU, CURTIS
Address: 300 OAKWOOD CT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LILLIAN TYRRELL

STD

03/30/2009

Electronic Signature of Signing Officer or Director

Date