

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003818

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: PEER SUPPORT NETWORK, INC.

## Current Principal Place of Business:

3557 LONE PINE ROAD  
DELRAY BEACH, FL 33445 US

## New Principal Place of Business:

## Current Mailing Address:

3557 LONE PINE ROAD  
DELRAY BEACH, FL 33445 US

## New Mailing Address:

FEI Number: 26-2457707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HYLINSKI, CATHERINE A  
3557 LONE PINE ROAD  
DELRAY BEACH, FL 33445 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: P ( ) Delete  
Name: MCNULTY, MARY M  
Address: 405 N OCEAN BLVD., #717  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: S/T ( ) Delete  
Name: HYLINSKI, CATHERINE A  
Address: 3557 LONE PINE ROAD  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MCNULTY, MARY M  
Address: 405 N OCEAN BLVD., #717  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: DST (X) Change ( ) Addition  
Name: HYLINSKI, CATHERINE A  
Address: 3557 LONE PINE ROAD  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: DVP ( ) Change (X) Addition  
Name: HYLINSKI, JAMES M  
Address: 3557 LONE PINE ROAD  
City-St-Zip: DELRAY BEACH, FL 33445 US

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: CATHERINE HYLINSKI

DST

04/21/2009

Electronic Signature of Signing Officer or Director

Date