

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003818

**FILED**  
**Mar 04, 2010**  
**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:** DP  
**Name:** MCNULTY, MARY M  
**Address:** 405 N OCEAN BLVD., #717  
**City-St-Zip:** POMPANO BEACH, FL 33062 US

**Title:** DST  
**Name:** HYLINSKI, CATHERINE A  
**Address:** 3557 LONE PINE ROAD  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

**Title:** DVP  
**Name:** HYLINSKI, JAMES M  
**Address:** 3557 LONE PINE ROAD  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

I hereby 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 all other like empowered.

**SIGNATURE:** CATHERINE HYLINSKI

DST

03/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date