

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002862

FILED
May 01, 2011
Secretary of State

Entity Name: SINGLE PARENT'S ASSISTANCE NETWORK , INC.

Current Principal Place of Business:

635 ERROL PARKWAY
APOPKA, FL 32712 US

New Principal Place of Business:

1748 W. MARSHALL LAKE DR.
APOPKA, FL 32703 US

Current Mailing Address:

PO BOX 1207
PLYMOUTH, FL 32768

New Mailing Address:

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

Name and Address of Current Registered Agent:

TRISTONE INDUSTRIES INC.
635 ERROL PKWY
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

TRISTONE INDUSTRIES INC.
1748 W. MARSHALL LAKE DR.
APOPKA, FL 32703 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: _____

Electronic Signature of Registered Agent

05/01/2011

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROTH, SHAWN A
Address: 1748 W. MARSHALL LAKE DR.
City-St-Zip: APOPKA, FL 32703 US

Title: VP
Name: ATKINSON, MONA F
Address: 11449 NELLIE OAKS BEND
City-St-Zip: CLERMONT, FL 34711 US

Title: VP
Name: ROTH, DEBORAH
Address: 1748 W. MARSHALL LAKE DR.
City-St-Zip: APOPKA, FL 32703 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: SHAWN ROTH

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date