

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 17 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44321 (0)

1. Corporation Name

ENGLEWOOD EXECUTIVE NETWORK, INC.

Principal Place of Business

Mailing Address

2980 S. MCCALL ROAD
ENGLEWOOD FL 34224

2980 S. MCCALL ROAD
ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 3285 PLACIDA ROAD

26 3285 PLACIDA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE A

27 SUITE A

City & State

City & State

23 ENGLEWOOD FL

28 ENGLEWOOD FL

Zip

Country

Zip

Country

24 34224

29 34224

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMHARDT, KEN
2980 S. MCCALL ROAD
ENGLEWOOD FL 34224

81 Name

TERRY L. SHIPPY

82 Street Address (P.O. Box Number is Not Acceptable)

3285 PLACIDA ROAD

83

SUITE A

84 City

ENGLEWOOD

FL

85 Zip Code

34224

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Terry L. Shippy

TERRY L. SHIPPY (TREAS) 3-31-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SWOFFORD, DEBORAH
STREET ADDRESS	655 S. INDIANA AVENUE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	P
NAME	JOHNSON, DIANA L.
STREET ADDRESS	1665 BLUE BIRD LANE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D
NAME	FUGLE, RICHARD
STREET ADDRESS	300 W DEARBORN ST
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	T
NAME	SCHWAB, BONNIE
STREET ADDRESS	3 COVE LANE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D
NAME	FLEMING, CHARLES
STREET ADDRESS	6152 CLARK CENTER AVE
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	BRADSHAW, GARY
STREET ADDRESS	1454 ST CLAIR RD
CITY - ST - ZIP	ENGLEWOOD FL

1.1 TITLE	PRESIDENT	☒ Change	☐ Addition
1.2 NAME	M. KEITH ROWLEY		
1.3 STREET ADDRESS	406 N. INDIANA AVE SUITE 3		
1.4 CITY - ST - ZIP	ENGLEWOOD FL 34223		
2.1 TITLE	VICE-PRES	☒ Change	☐ Addition
2.2 NAME	PETE ROOT		
2.3 STREET ADDRESS	280 S. MCCALL ROAD		
2.4 CITY - ST - ZIP	ENGLEWOOD FL 34223		
3.1 TITLE	SECRETARY	☒ Change	☐ Addition
3.2 NAME	DEB SNYDER		
3.3 STREET ADDRESS	949 TAMIANI TRAIL		
3.4 CITY - ST - ZIP	PORT CHARLOTTE FL 34653		
4.1 TITLE	TREASURER	☒ Change	☐ Addition
4.2 NAME	TERRY L. SHIPPY		
4.3 STREET ADDRESS	3285 PLACIDA ROAD		
4.4 CITY - ST - ZIP	ENGLEWOOD FL 34224		
5.1 TITLE	DIRECTOR	☒ Change	☐ Addition
5.2 NAME	JOE MCCARTHY		
5.3 STREET ADDRESS	452 W. DEARBORN		
5.4 CITY - ST - ZIP	ENGLEWOOD FL 34223		
6.1 TITLE	DIRECTOR	☒ Change	☐ Addition
6.2 NAME	DENISE LANES		
6.3 STREET ADDRESS	5855 PLACIDA ROAD		
6.4 CITY - ST - ZIP	ENGLEWOOD FL 34224		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Terry L. Shippy

3-31-95

813-697-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER