

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N44321** (0)

1. Corporation Name

**ENGLEWOOD EXECUTIVE NETWORK, INC.**



Principal Place of Business

Mailing Address

**3285 PLACIDA ROAD  
SUITE A  
ENGLEWOOD FL 34224  
US**

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SUITE A  
ENGLEWOOD FL 34224  
US**

3. Date Incorporated or Qualified  
**06/28/1991**

3a. Date of Last Report  
**04/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIPPY, TERRY L  
3285 PLACIDA ROAD  
SUITE A  
ENGLEWOOD FL 34224**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROWLEY, M. K	
STREET ADDRESS	406 N INDIANA AVE SUITE 3	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROOT, PETE	
STREET ADDRESS	280 S MCCALL ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, DEB	
STREET ADDRESS	949 TAMiami TRAIL	
CITY-ST-ZIP	PRT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHIPPY, TERRY L	
STREET ADDRESS	3285 PLACIDA ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, JOE	
STREET ADDRESS	452 W DEARBORN	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANES, DENISE	
STREET ADDRESS	5855 PLACIDA ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRENNAN, MIKE	
1.3 STREET ADDRESS	475 W. DEARBORN	
1.4 CITY-ST-ZIP	ENGLEWOOD FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SMITH, DALE	
2.3 STREET ADDRESS	3385 S MCCALL RD	
2.4 CITY-ST-ZIP	ENGLEWOOD FL	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOD, NANCY	
3.3 STREET ADDRESS	2003 PLACIDA ROAD	
3.4 CITY-ST-ZIP	ENGLEWOOD FL	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STEINFATH, HOWARD	
5.3 STREET ADDRESS	4990 PLACIDA ROAD	
5.4 CITY-ST-ZIP	ENGLEWOOD FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KIRBY, STEVE	
6.3 STREET ADDRESS	PO BOX 1193	
6.4 CITY-ST-ZIP	ENGLEWOOD FL	

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 119.07(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* **TERRY L. SHIPPY** 4/11/96 941-651-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)