## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



Center

FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500003633

1. Corporation Name

GRANT PROFESSIONALS NETWORK, INC.

Principal Place of Business 445 W AMELIA ST ORLANDO FL 32801-1127

2. Principal Place of Business

21 Florida Nonprofit Resource

Mailing Address

C/O RONALD L ATWOOD, ORANGE COUNTY P.S. 445 W AMELIA ST.

P. O. Box 532051

ORLANDO FL 32801-1127

2a. Mailing Address

# FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90032 035 \*\*\*\*61.25



3. Date Incorporated or Qualifed 10/19/1994

Suite, Apt. #, etc. c/o S. Abbott Suite, Apt. #, etc.				4. FEI Number	Appl	ied For
	Rollins St.	27		59-3252312	Not /	Applicable
City & State City & State			S O William Down Down	\$8.75 Additional		
•	o, Florida	28 Orlando, FL		5. Certifcate of Status Desired	Fee Requ	uired
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 M	lay Be
32803	USA	32853-2051 <b>30</b>	USA	Trust Fund Contribution	Added to	Fees
<del></del>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent	
			81 Name	Helaine Blum		
ATWOOD	RONALD L		Street Address (P.O. Box Number is Not Acceptable)  Legal Aid Society, Orange Co. BaroAssoc.			
	MÉLIA STREET					
	COUNTY PUBLIC SCHOOLS					
	FL 32801-1127			100 E. Robinson St.	apl Zin Co	
ONDAINDO	FL 32001-1127		84 City	Orlando	FL 85 Zip Co	301
11. Durguant	to the provisions of Sections 617 0502	and 617 1508. Florida Statutes.	the above-named	composition submits this statement for the ourness	se of changing its re	egistered
office or n	edistered agent or both, in the State of	r Fiorida. Such change was autho	onzea by the corpo	oration's board of directors. I hereby accept the a	ppointment as regi	stered
agent, í ai	m familiar with, and accept the obligation			4/22/00		-
SIGNATURE	Signature, typed or printed name of registered agent	Helaine Bl		equired when reinstating) DAT	E	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
TITLE	P	☐ DELETE	1,1 TITLE	D	K Change	Addition
NAME	HOWELL, BARBARA	_	1.2 NAME	Brigit Saginario		,
}	4000 CENTRAL FLORIDA BLVD		1.3 STREET ADDRESS	639 W. Central Blvd.		}
STREET ADDRESS	ORLANDO FL 32816		1.4 CITY-ST-ZIP	Orlando, Florida 32801		}
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	<del></del>	Change	Addition
TITLE	PE PRIDOT	- Decen	2.2 NAME	PE Leff David	ж.	
NAME	SAGINARIO, BRIDGIT			Jeff Davis  190 S. Orange Ave.		
STREET ADDRESS	639 W CENTRAL BLVD		2.3 STREET ADORESS			1
CITY-ST-ZIP	ORLANDO FL 32801	□ DELETE	2.4 CITY-ST-ZIP	Orlando, Florida 32801	€ Change	Addition
TITLE	S	□ pereie	3.1 TITLE	S	№ 1 evenão	
NAME	FLOYD, JEANNIE		3.2 NAME	Karen Bourbonnais  1730A Americana Blvd.		,
STREET ADDRESS	445 W AMELIA ST.		3.3 STREET ADDRESS	1		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	Orlando, Florida 32839	/7 Channe	[T] Addition
TITLE	D	☐ DELETE	4.1 TITLE	}	Change	Addition
NAME	BROWN, SALLY		4. 2 NAME			İ
STREET ADDRESS	4000 W ROBINSON ST, STE 112	.9	4.3 STREET ADDRESS	{		}
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		Change	Addition
NAME	PATRICK, RUTH		5.2 NAME	<b>4</b>		Ì
STREET ADDRESS	341 N MILLS AVE	j	5.3 STREET ADDRESS	<u> </u>		
CITY-ST-ZIP	ORLANDO FL	,	5.4 CIYY-ST-ZIP	<u> </u>		
TITLE	D	☐ DELÉTE	6.1 TITLE	D	★ Change	Addition
NAME	GOTTLIEB, AMY		6.2 NAME	Lee Pates		!
STREET ADDRESS	405 WHITE STREET	i	6.3 STREET ADDRESS	621 Wilkes Avenue		
J	DAYTONA BEACH EL 20114		64 CITY ST. ZIP	Orlando, Florida 32809		I

DAYTONA BEACH FL 32114

6.4 CITY-ST-ZIP

O'Lando, Florida 32809

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Burk Paranaanun

4-7399

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Nonprofit Corporate Annual Report 1999, Continued 5449/7-90032-35

Grant Professionals Network, Inc. N9500003033

Document # N95000003633 FEI # 59-3252312

### Section 12 (continued)

Т Carolyn Tavel 550 South Eola Dr. Orlando, Florida 32801

Past President BobbSpiveywall / 201 S. Rosalind Ave. Orlando, Florida 32802

Charley Williams 2233 Lee Rd., Suite 101 Winter Park, Florida 32789

D Angela Jacobe 101 E. Central Blvd. Orlando, Florida 32801

Alternate Director Vacant

### Section 13 (continued)

Т (change) Hugo Hernandez 112 Pasadena Place Orlando, Florida 32803

PP (change) Barbara Howell 4000 Central Florida Blvd. Orlando, Florida 32816

Jan Tunnell (change) 1338 Roosevelt: Ave. Orlando, Florida 32804

AD (change) Charley Williams 2233 Lee Rd., Suite 101 Winter Park, Florida 32789