

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003633

FILED
Apr 29, 2004
Secretary of State**Entity Name:** GRANT PROFESSIONALS NETWORK OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**OCPS GRANT SERVICES
445 W AMELIA ST
MELBOURNE, FL 329011127**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 532051
ORLANDO, FL 328532051**New Mailing Address:****FEI Number:** 59-3252312**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLUM, HELAINE
GRAND AVE ECONOMIC COMMISSION DEV. CORP
5104 N ORANGE BLOSSOM TR #206
ORLANDO, FL 32810 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: P () Delete
Name: HOWELL, BARBARA
Address: PO BOX 162200 NPA 356
City-St-Zip: ORLANDO, FL 32810

Title: PE () Delete
Name: TUNNELL, JAY
Address: 1338 ROOSEVELT ST
City-St-Zip: ORLANDO, FL 32804

Title: S () Delete
Name: WEINBERG, ALICE
Address: P.O. BOX 951209
City-St-Zip: LAKE MARY, FL 32795

Title: D () Delete
Name: HOWELL, BARBARA
Address: P.O. BOX 162200 NPA 356
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: JEANNIE, FLOYD
Address: 445 W AMELIA ST
City-St-Zip: ORLANDO, FL 328011127

Title: T () Delete
Name: HERNANDEZ, HUGO E
Address: 2567 PORTERVIEW WAY
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEINBERG, ALICE
Address: PO BOX 951209
City-St-Zip: LAKE MARY, FL 32795

Title: PE (X) Change () Addition
Name: CRAWFORD, JUDY
Address: 6643 PARSON BROWN DR.
City-St-Zip: ORLANDO, FL 32819

Title: S (X) Change () Addition
Name: MERLIN, LISA
Address: 3101 N. PINE HILLS RD.
City-St-Zip: ORLANDO, FL 32746

Title: D (X) Change () Addition
Name: DORRIS, SUSAN
Address: 1414 KUHL AVE. MAILPOINT 13
City-St-Zip: ORLANDO, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HERNANDEZ, HUGO E
Address: 3660 MAGUIRE BLVD. SUITE 320
City-St-Zip: ORLANDO, FL 32803

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

SIGNATURE: HUGO E. HERNANDEZ

T

04/29/2004

Electronic Signature of Signing Officer or Director

Date