2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N95000003633

Entity Name: GRANT PROFESSIONALS NETWORK OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

OCPS GRANT SERVICES
445 W AMELIA ST
ORLANDO, FL 328011127

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLUM, HELAINE
GRAND AVE ECONOMIC COMMUNITY 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:	FLOYD, JEANNIE	
Address:	445 W AMELIA ST	
City-St-Zip:	ORLANDO, FL 32801	
Title:	PE	( ) Delete
Name:	HENDERSON, JOEL	
Address:	1502-B VILLAGE OAK LANE	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	S	( ) Delete
Name:	ZAHRY, PAT	
Address:	3500 W COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32808	
Title:	T	( ) Delete
Name:	HUGHES, MARILYN	
Address:	1061 WINDSONG CIRCLE	
City-St-Zip:	APOPKA, FL 32703	
Title:	D	( ) Delete
Name:	TYNES, GEORGIANA	
Address:	7422 BETTY ST	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	BROWN, DIANNE	
Address:	520 N. SEMORAN BLVD., SUITE 230	
City-St-Zip:	ORLANDO, FL 32807	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOEL HENDERSON PE 05/05/2008
Electronic Signature of Signing Officer or Director — Date