2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
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 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 532051
ORLANDO, FL 32853

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 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: PRES
Name: TINDALL, JULIE
Address: PO BOX 4990
City-St-Zip: ORLANDO, FL 32802

Title: PE
Name: BARTO, STAR
Address: 3545 LAKE BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: S
Name: CIOCCA, TERR-JO
Address: 445 W AMELIA ST
City-St-Zip: ORLANDO, FL 32801

Title: T
Name: BOWER, BETHANY
Address: 2809 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: ZIMMERMAN, KATHARINE
Address: 51 MAIN STREET
City-St-Zip: DELTONA, FL 32725

Title: D
Name: DANIELL, LARRY
Address: 1915 DON WICKHAM DRIVE
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: JULIE D TINDALL PRES 04/24/2012

Electronic Signature of Signing Officer or Director — Date