SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N95000005331 (2)

1. Corporation Name
PROFESSIONAL EDUCATORS NETWORK OF FLORIDA, INC.

Principal Place of Business	Mailing Address
815 SOUTH KINGS AVE. BRANDON FL 33511	815 SOUTH KINGS AVE. BRANDON FL 33511

3. Date Incorporated or Qualified: 11/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 8389 Argyle Corners CT.
Suite, Apt. #, etc. 22:
City & State 23: Jacksonville, FL
Zip 24: 32244 Country 25: Duval

2a. Mailing Address
26: P.O. Box 7277
Suite, Apt. #, etc. 27:
City & State 28: Jacksonville, FL
Zip 29: 32238 Country 30: Duval

4. FEI Number: 59 3346288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

BOYD, ROBERT J
C/O BOYD LAW FIRM, P.A.
106 E COLLEGE AVE SUITE 900
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ 6/25/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SIMMONS, KATHRYN 815 S KINGS AVE BRANDON FL 33511	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	C Marshall, Stanley 5000 Brill Point Tallahassee, FL 32312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEMOISEY, CATHY 8389 ARGYLE CORNERS CT JACKSONVILLE FL 32244	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D DeMoisey, Cathy 8389 Argyle Corners Ct. Jacksonville, FL 32244	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOYD, ROBERT J 106 E COLLEGE AVE #900 TALLAHASSEE FL 32301	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VC Boyd, Robert J 106 E College Ave. # 900 Tallahassee, FL 32301	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOYD, WILLIAM L 106 E COLLEGE AVE #900 TALLAHASSEE FL 32301	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T Dahlen, Robert 5530 N.E. Second Lane Ocala, FL 34470	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUXTON, ERIK 500 SOUTH CAROLINA AVE. COCOA FL 32992	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S Harris, Kathy 1702 Powder Ridge Dr. Valrico, FL 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRY, TERRY 801 LIMONA ROAD, BRANDON ACADEMY BRANDON FL 33511	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/96)

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: Cathy DeMoisey Cathy DeMoisey 6/25/96 904-778-7405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #