

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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Secretary of State

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1. Corporation Name

PROFESSIONAL EDUCATORS NETWORK OF FLORIDA, INC.

Principal Place of Business

8389 ARGYLE CORNERS CT
JACKSONVILLE FL 32244
US

Mailing Address

P.O. BOX 7277
JACKSONVILLE FL 32238
US



2. Principal Place of Business

21 8899 Ivy Mill PL. N.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/09/1995

22 Suite, Apt. #, etc.

4. FEI Number

59-3346288

Applied For
Not Applicable

23 City & State

JACKSONVILLE FL

27 City & State

28 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

32244

25 Country

DUVAL

29 Zip

30 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE
NAME MARSHALL, STANLEY
STREET ADDRESS 5000 BRILL POINT
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ DELETE
NAME DEMOISEY, CATHY
STREET ADDRESS 8389 ARGYLE CORNERS CT
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE VC ☐ DELETE
NAME BOYD, ROBERT J
STREET ADDRESS 106 E COLLEGE AVE #900
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE T ☐ DELETE
NAME DAHLEN, ROBERT
STREET ADDRESS 5530 N E SECOND LANE
CITY-ST-ZIP OCALA FL 34470

TITLE D ☐ DELETE
NAME DEMOISEY, CATHY
STREET ADDRESS 8389 ARGYLE CORNERS CT
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)