2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# N95000005331

Entity Name: PROFESSIONAL EDUCATORS NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

6327 ARGYLE FOREST BLVD SUITE 3
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

6327 ARGYLE FOREST BLVD SUITE 3
JACKSONVILLE, FL 32244 US

New Mailing Address:

FEI Number: 59-3346288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, ROBERT J
C/O AKERMAN SENTERFITT
301 S BRONOUGH ST #200
TALLAHASSEE, FL 32301 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:	CD	( ) Delete
Name:	BOYD, ROBERT J	
Address:	301 BRONOUGH ST #200	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	TD	( ) Delete
Name:	BRYANT, ROBERT	
Address:	681 TYLER SANDERS RD	
City-St-Zip:	QUINCY, FL 32251	
Title:	MDS	( ) Delete
Name:	DEMOISEY, CATHY	
Address:	8899 IVYMILL PL N	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	VD	( ) Delete
Name:	BEYER, FAYE	
Address:	1329 AUBURN ST	
City-St-Zip:	LAKELAND, FL 33801	

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:	

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: ROBERT BOYD CD 04/13/2004

Electronic Signature of Signing Officer or Director — Date