

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005331

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** PROFESSIONAL EDUCATORS NETWORK OF FLORIDA, INC.

**Current Principal Place of Business:**

1566 VILLAGE SQUARE BLVD  
SUITE 1  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

7855 ARGYLE FOREST BLVD.,  
SUITE 304  
JACKSONVILLE, FL 32244 US

**Current Mailing Address:**

1566 VILLAGE SQUARE BLVD  
SUITE 1  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

7855 ARGYLE FOREST BLVD.,  
SUITE 304  
JACKSONVILLE, FL 32244 US

**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  
SACH SAX  
310 WEST COLLEGE AVE, THIRD FLOOR  
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: 310 WEST COLLEGE AVE, THIRD FLOOR  
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: LAKE LAND, 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 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: CATHY DEMOISEY

MDS

04/28/2008

Electronic Signature of Signing Officer or Director

Date