

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005331

FILED
Feb 22, 2010
Secretary of State

Entity Name: PROFESSIONAL EDUCATORS NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

7855 ARGYLE FOREST BLVD.,
SUITE 304
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
SACH SAX
310 WEST COLLEGE AVE, THIRD FLOOR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BOYD, ROBERT J
SACH SAX CAPLAN
310 WEST COLLEGE AVE, THIRD FLOOR
TALLAHASSEE, FL 32301 US

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: ROBERT BOYD

02/22/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD
Name: BOYD, ROBERT J
Address: 310 WEST COLLEGE AVE, THIRD FLOOR
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD
Name: BRYANT, ROBERT
Address: 681 TYLER SANDERS RD
City-St-Zip: QUINCY, FL 32251

Title: MDS
Name: DEMOISEY, CATHY
Address: 8899 IVYMILL PL N
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD
Name: CHAMBERS, STEVE
Address: 368 MARIE CIRCLE N.W.
City-St-Zip: FORT WALTON BEACH, FL 32548

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: CATHY DEMOISEY

MDS

02/22/2010

Electronic Signature of Signing Officer or Director

Date