

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005331

FILED
Apr 10, 2012
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 CAPLAN
310 WEST COLLEGE AVE, THIRD FLOOR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BOYD, ROBERT J
SACH SAX CAPLAN
660 E JEFFERSON STREET, SUITE 202
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 J. BOYD

04/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: TD
Name: CALLOWAY, KEITH
Address: 204 NW 118TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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

Title: VD
Name: BRYANT, ROBERT
Address: 681 TYLER SANDERS RD.
City-St-Zip: QUINCY, FL 32351

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

MD

04/10/2012

Electronic Signature of Signing Officer or Director

Date