

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90061 006 ****61.25

DOCUMENT # N98000006750

1. Entity Name

COMMUNITY BENEFIT NETWORK, INC.

Principal Place of Business

Mailing Address

~~3737 CENTRAL AVE.
ST PETERSBURG FL 33713~~

~~3737 CENTRAL AVE.
ST PETERSBURG FL 33713~~

2. Principal Place of Business

3. Mailing Address

3110 FIRST AVE. N.

3110 FIRST AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5W

5W

City & State

City & State

ST. PETERSBURG, FL

ST. PETE, FL

Zip

Country

Zip

Country

33713 USA

33713 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3592226

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSON, DARRYL E ESQUIRE

~~3737 CENTRAL AVE.~~ **3110 FIRST AVE. N. #5W**
ST PETERSBURG FL 33713

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROUSON, DARRYL	
STREET ADDRESS	3737 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLMES-ROUSEN, ANGELA	
STREET ADDRESS	2584-58TH AVE DO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAY-FLOWERS, STACY	
STREET ADDRESS	3737 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILSON, GEILA LEILA	
STREET ADDRESS	1224-63RD TERRACE SO.	
CITY-ST-ZIP	ST. PETE FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3110 FIRST AVE. N. #5W	
STREET ADDRESS	FL 33713	
CITY-ST-ZIP	ST. PETERSBURG	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3110 FIRST AVE. N.	
STREET ADDRESS	#5W	
CITY-ST-ZIP	St. Pete, FL 33713	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~XXXXXXXXXXXXXXXXXXXX~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/02 **322-2777**

CR2E037 (9/01)