

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 06, 2008  
Secretary of State**

DOCUMENT# N98000006750

Entity Name: COMMUNITY BENEFIT NETWORK, INC.

**Current Principal Place of Business:**

3110 FIRST AVE N.  
5W  
ST PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

3110 FIRST AVE N.  
5W  
ST PETERSBURG, FL 33713

**New Mailing Address:**

FEI Number: 59-3592226      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROUSON, DARRYL E ESQUIRE  
3110FIRST AVE. M. #5W  
ST PETERSBURG, FL 33713      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ROUSON, DARRYL  
Address: 3110 FIRST AVE N #5W  
City-St-Zip: ST PETERSBURG, FL 33713

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD      ( ) Delete  
Name: HOLMES-ROUSEN, ANGELA  
Address: 3110 FIRST AVE N #5W  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      ( ) Delete  
Name: RAY-FLOWERS, STACY  
Address: 3110 FIRST AVE. N. #5W  
City-St-Zip: ST PETERSBURG, FL 33713

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST      ( ) Delete  
Name: WILSON, LEILA  
Address: 3110 FIRST AVE. N.  
City-St-Zip: SAINT PETERSBURG, FL 33713

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: DARRYL E ROUSON

PD

05/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date