

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006750

FILED
Apr 30, 2009
Secretary of State

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:

201 N FRANKLIN ST
7TH FLOOR
TAMPA, FL 33602

Current Mailing Address:

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

New Mailing Address:

P O BOX 12745
ST PETERSBURG, FL 33733

FEI Number: 59-3592226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROUSON, DARRYL E ESQUIRE
201 N FRANKLIN ST
7TH FLOOR
TAMPA, FL 33602 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: DARRYL E ROUSON

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROUSON, DARRYL
Address: P O BOX 12745
City-St-Zip: ST PETERSBURG, FL 33733

Title: VPD (X) Change () Addition
Name: HOLMES-ROUSEN, ANGELA
Address: P O BOX 12745
City-St-Zip: SAINT PETERSBURG, FL 33602

Title: TD (X) Change () Addition
Name: RAY-FLOWERS, STACY
Address: P O BOX 12745
City-St-Zip: ST PETERSBURG, FL 33733

Title: ST (X) Change () Addition
Name: WILSON, LEILA
Address: P O BOX 12745
City-St-Zip: SAINT PETERSBURG, FL 33733

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date