

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006750

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** COMMUNITY BENEFIT NETWORK, INC.

**Current Principal Place of Business:**

201 N FRANKLIN ST  
7TH FLOOR  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 12745  
ST PETERSBURG, FL 33733

**New Mailing Address:**

**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  
201 N FRANKLIN ST  
7TH FLOOR  
TAMPA, FL 33602 US

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

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:**

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

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

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

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

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: STACEY RAY-FLOWERS

TD

04/30/2010

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

\_\_\_\_\_  
Date