

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