

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006152

FILED
Apr 13, 2004
Secretary of State**Entity Name:** PROFESSIONAL EDUCATORS NETWORK OF FLORIDA FOUNDATION, INC.**Current Principal Place of Business:**6327 ARGYLE FOREST BLVD
STE 3
JACKSONVILLE, FL 32244**New Principal Place of Business:****Current Mailing Address:**6327 ARGYLE FOREST BLVD
STE 3
JACKSONVILLE, FL 32244**New Mailing Address:****FEI Number:** 59-3605837**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PEARCE, LAURA B
AKERMAN SENTERFITT
301 S BRONOUGH STREET STE 200
TALLAHASSEE, FL 32302 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:** CD () Delete
Name: BOYD, ROBERT
Address: 301 BRONOUGH STREET, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32302**Title:** MDS () Delete
Name: DEMOISEY, CATHY
Address: 6327 ARGYLE FOREST BLVD , STE 3
City-St-Zip: JACKSONVILLE, FL 32244**Title:** TD () Delete
Name: BRYANT, ROBERT
Address: 681 TYLER SANDERS RD
City-St-Zip: QUINCY, FL 32351**Title:** VD () Delete
Name: BEYER, FAYE
Address: 1329 AUBURN STREET
City-St-Zip: LAKE LAND, FL 33801**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT BOYD

CD

04/13/2004

Electronic Signature of Signing Officer or Director

Date