

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006152

FILED
May 02, 2005
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:

106 EAST COLLEGE AVE
STE 1200
TALLAHASSEE, FL 32301

Current Mailing Address:

6327 ARGYLE FOREST BLVD
STE 3
JACKSONVILLE, FL 32244

New Mailing Address:

106 EAST COLLEGE AVE
STE 1200
TALLAHASSEE, FL 32301

FEI Number: 59-3605837 **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:

PEARCE, LAURA B
AKERMAN SENTERFITT
301 S BRONOUGH STREET STE 200
TALLAHASSEE, FL 32302 US

Name and Address of New Registered Agent:

BOYD, ROBERT J
AKERMAN SENTERFITT
106 EAST COLLEGE AVE., SUITE 1200
TALLAHASSEE, FL 32301 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: ROBERT J. BOYD

05/02/2005

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: CD (X) Change () Addition
Name: BOYD, ROBERT
Address: 106 EAST COLLEGE AVE., SUITE 1200
City-St-Zip: TALLAHASSEE, FL 32301

Title: MDS (X) Change () Addition
Name: DEMOISEY, CATHY
Address: 8899 IVYMILL PL N
City-St-Zip: JACKSONVILLE, FL 32244

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: CATHY DEMOISEY

MDS

05/02/2005

Electronic Signature of Signing Officer or Director

Date