

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006152

FILED
Apr 28, 2008
Secretary of State

Entity Name: PROFESSIONAL EDUCATORS NETWORK OF FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

1566 VILLAGE SQUARE BLVD.,
STE 1
TALLAHASSEE, FL 32309

New Principal Place of Business:

7855 ARGYLE FOREST BLVD.,
STE 304
JACKSONVILLE, FL 32244

Current Mailing Address:

1566 VILLAGE SQUARE BLVD.,
STE 1
TALLAHASSEE, FL 32309

New Mailing Address:

7855 ARGYLE FOREST BLVD.,
STE 304
JACKSONVILLE, FL 32244

FEI Number: 59-3605837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, ROBERT J
SACHS SAX
310 WEST COLLEGE AVENUE, THIRD FLOOR
TALLAHASSEE, FL 32301 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: 310 WEST COLLEGE AVE., THIRD FLOOR
City-St-Zip: TALLAHASSEE, FL 32301

Title: MDS () Delete
Name: DEMOISEY, CATHY
Address: 8899 IVYMILL PL N
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 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: CATHY W. DEMOISEY

MDS

04/28/2008

Electronic Signature of Signing Officer or Director

Date