

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006152

FILED
Mar 15, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

7855 ARGYLE FOREST BLVD.,
STE 304
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:

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

Title: MDS
Name: DEMOISEY, CATHY
Address: 8899 IVYMILL PL N
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD
Name: BRYANT, ROBERT
Address: 681 TYLER SANDERS RD
City-St-Zip: QUINCY, FL 32351

Title: VD
Name: CHAMBERS, STEVE
Address: 368 MARIE CIRCLE N.W.
City-St-Zip: FORT WALTON BEACH, FL 32548

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: CATHY DEMOISEY

MDS

03/15/2011

Electronic Signature of Signing Officer or Director

Date