

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006152

FILED  
Apr 10, 2012  
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: CHAMBERS, STEVEN W  
Address: 368 MARIE CIRCLE N.W.  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

Title: TD  
Name: CALLOWAY, KEITH  
Address: 204 NW 118TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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

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

MD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date