

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29594

FILED
Mar 01, 2011
Secretary of State

Entity Name: CAREGIVERS SUPPORT NETWORK, INC.

Current Principal Place of Business:

400 LAKE AVE NE
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

1107 HAZELTINE BOULEVARD
SUITE 200
CHASKA, MN 55318 US

New Mailing Address:

FEI Number: 41-1693569 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
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: D, P
Name: KATCHUK, ROBIN
Address: 200 LAKE AVENUE, NE
City-St-Zip: LARGO, FL 33771 US

Title: D, S
Name: MANSPEAKER, MELISSA
Address: 400 LAKE AVENUE, NE
City-St-Zip: LARGO, FL 33771 US

Title: D, T
Name: SCHNOKE, MICHAEL
Address: 2008 6TH PLACE SOUTH
City-St-Zip: LARGO, FL 33770

Title: D
Name: JENSEN, ELLEN
Address: 200 LAKE AVENUE NE
City-St-Zip: LARGO,, FL 33771 US

Title: D
Name: MITCHELL, BRUCE
Address: 1710 CYPRESS AVENUE
City-St-Zip: BELLAIR, FL 33756 US

Title: D
Name: BELLO, NANCY
Address: 300 LAKE AVENUE NE
City-St-Zip: LARGO, FL 33771 US

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: ROBIN KATCHUK

DP

03/01/2011

Electronic Signature of Signing Officer or Director

Date