2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000060529

1. Entity Name
SOUTHERN EMPLOYEE ASSISTANCE PROGRAMS, INC.

Principal Place of Business	Mailing Address
3500 E. FLETCHER AVE SUITE 1297 TAMPA, FL 33613	P.O. BOX 311 ALTURAS, FL 33820

DO NOT WRITE IN THIS SPACE

03152008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3196839	Applied Fc Not Applic
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSEY, LOYD S
5203 N GALLAGER RD
PLANT CITY, FL 33565

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8. 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. I am familiar with, and acc the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000877669
04/14/08--80023-021 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	ANDREWS, CHERYL D	
STREET ADDRESS	POB 311 NA	
CITY-ST-ZIP	ALTURAS, FL 33820	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direc of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Cheryl W Andrews_ PRESIDENT/CEO   3-28-08, 863-537-2211