2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2013
Secretary of State
CC6105984250

DOCUMENT# P29594

Entity Name: CAREGIVERS SUPPORT NETWORK, INC.

Current Principal Place of Business:

400 LAKE AVE NE
LARGO, FL 33771

Current Mailing Address:

1107 HAZELTINE BOULEVARD
SUITE 200
CHASKA, MN 55318 US

FEI Number: 41-1693569

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title	DP
Name	KATCHUK, ROBIN
Address	400 LAKE AVENUE NE
City-State-Zip:	LARGO FL 33771

Title	DS
Name	MANSPEAKER, MELISSA
Address	400 LAKE AVENUE NE
City-State-Zip:	LARGO FL 33771

Title	DT
Name	SCHNOKE, MICHAEL
Address	2008 6TH PLACE SOUTH
City-State-Zip:	LARGO FL 33770

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

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

Title	DPE
Name	BELLO, NANCY
Address	300 LAKE AVENUE NE
City-State-Zip:	LARGO FL 33771

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 01/25/2013

Electronic Signature of Signing Officer/Director Detail — Date