2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2016
Secretary of State
CC2664453761

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
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	TREASURER
Name	DEGINA, TONY
Address	201 14TH STREET SW
City-State-Zip:	LARGO FL 33770

Title	PRESIDENT
Name	DELLE DONNE, ROBERT
Address	400 LAKE AVENUE NE
City-State-Zip:	LARGO FL 33771

Title	D
Name	JOHNSON, ROBYN
Address	1107 HAZELTINE BOULEVARD 200
City-State-Zip:	CHASKA MN 55318

Title	DIRECTOR
Name	ERONDY, PAMELA
Address	101 NORTH INDIAN ROCKS ROAD
City-State-Zip:	BELLEAIR BLUFFS FL 33770

Title	SECRETARY
Name	WESTBERG, KATIE
Address	110 HAZELTINE BOULEVARD 200
City-State-Zip:	CHASKA MN 55318

Title	VP
Name	FENGER, SAMANTHA
Address	1201 HIGHLAND AVENUE PO BOX 296
City-State-Zip:	LARGO FL 33779

Title	DIRECTOR
Name	LARKIN, SUSAN
Address	3304 LATANIA DRIVE
City-State-Zip:	TAMPA FL 33618

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: ROBERT DELLE DONNE PRESIDENT 08/25/2016

Electronic Signature of Signing Officer/Director Detail — Date