2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2014
Secretary of State
CC0286805855

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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	DIRECTOR
Name	KATCHUK, ROBIN
Address	200 LAKE AVENUE NE
City-State-Zip:	LARGO FL 33771

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

Title	D
Name	HARVEY, TINA
Address	960 STARKEY ROAD 5401
City-State-Zip:	LARGO FL 33771

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

Title	SECRETARY
Name	TAUB, JANET
Address	300 LAKE AVENUE NE
City-State-Zip:	LARGO FL 33771

Title	D
Name	SINGH, ANJALI
Address	1201 HIGHLAND AVENUE S APT 9
City-State-Zip:	CLEARWATER FL 33756

Title	D
Name	WHITTLE, MAUREEN
Address	13700 PARK BOULEVARD
City-State-Zip:	SEMINOLE FL 33776

Title	DIRECTOR
Name	RATCLIFF, MARGIE
Address	400 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: ROBERT DELLE DONNE PRESIDENT 02/13/2014

Electronic Signature of Signing Officer/Director Detail — Date