

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91008 023 ****61.25

DOCUMENT # 723620 1. Entity Name NEW APPROACH ASSOCIATION, INC.					
Principal Place of Business 1500 POPHAM DR. FORT MYERS, FL 33919			Mailing Address 1500 POPHAM DR. FORT MYERS, FL 33919		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUDOLPH, MATLAND K 12995 S. CLEVELAND AVE. STE. 107 FORT MYERS, FL 33919			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, JON 1500 POPHAM DR A 24 FORT MYERS, FL 33919	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Amber, John 1500 Popham Drive A-1 Ft. Myers, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JANET 1500 POPHAM DR B8 FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Samuel, Mary 1500 Popham Drive Ft. Myers, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BRENDA 1500 POPHAM DR B9 FORT MYERS, FL 33919	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mathes, Martha 1500 Popham Drive Ft. Myers, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PLACHETKA, LUCILLE 1500 POPHAM DR. FORT MYERS, FL 33919	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAY, GEORGE 1500 POPHAM DR. FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>George Fay</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-22-04</u>		Daytime Phone # <u>489-0405</u>