

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90297 004 ****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

4. FEI Number **59-1408395**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD WRIGHT, FRANCES 1500 POPHAM DR. FT MEYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MILLS, RUTH 1500 POPHAM DR. FORT MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, MARY 1500 POPHAM DR. FT MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PLACHETKA, LUCILLE 1500 POPHAM DR. B 6 FORT MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAY, GEORGE 1500 POPHAM DR. A10 FORT MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, JON 1500 POPHAM DR. A24 FT. MYERS, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JANET 1500 POPHAM DR.B8 FT. MYERS, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BRENDA 1500 POPHAM DR. B 9 FT. MYERS, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE REQUIRED

4-23-03

CR2E037 (10/02)