


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90058 029 \*\*\*\*70.00

<b>DOCUMENT # 729858</b>			
1. Entity Name <b>THE NATIONAL ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHES AND VETERANS HOMELESS AND</b>			
Principal Place of Business <b>2358 VICTORIA AVENUE FORT MYERS FL 33901-3816</b>		Mailing Address <b>P.O. BOX 147 FORT MYERS FL 33902-0147</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>23-7382156</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>HEIL, JOHN JAMES, REV., S.G.S. 2358 VICTORIA AVE FORT MYERS FL 33901-3816</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	PDC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THIBODEAU, KENNETH BOYD			NAME	Thibodeau, Kenneth Boyd <u>Dr.</u>		
STREET ADDRESS	2358 VICTORIA AVE			STREET ADDRESS			
CITY- ST- ZIP	FORT MYERS FL 33901-3316			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TENALIO, CHRISTOPHER A			NAME			
STREET ADDRESS	2358 VICTORIA AVE			STREET ADDRESS			
CITY- ST- ZIP	FORT MYERS FL 33901-3316			CITY- ST- ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVEREST, GENE N			NAME			
STREET ADDRESS	2358 VICTORIA AVE			STREET ADDRESS			
CITY- ST- ZIP	FORT MYERS FL 33901-3816			CITY- ST- ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOWLER, THOMAS J REV			NAME			
STREET ADDRESS	2840 GRAND AVENUE, STE 209			STREET ADDRESS	2358 Victoria Ave		
CITY- ST- ZIP	FORT MYERS FL 33901-6155			CITY- ST- ZIP	Fort Myers, FL 33901-3816		
TITLE	VPDT	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEIL, JOHN J			NAME			
STREET ADDRESS	2538 VICTORIA AVENUE			STREET ADDRESS	2358 Victoria		
CITY- ST- ZIP	FORT MYERS FL 33901-3816			CITY- ST- ZIP	Fort Myers, FL 33901-3816		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTHONY, KIMBERLY M			NAME			
STREET ADDRESS	502 LEELAND HEIGHTS BLED., EAST			STREET ADDRESS	2358 Victoria Ave		
CITY- ST- ZIP	LEHIGH ACRES FL 33936-6720			CITY- ST- ZIP	Fort Myers, FL 33901-3816		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  JOHN J. HEIL, VPDT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**31 JAN 2007 (239) 418-0939**