

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759968

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: HOPE OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

9470 HEALTHPARK CIR.  
FT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

9470 HEALTHPARK CIR.  
FT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 59-2128697      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKWITH, SAMIRA K.  
9470 HEALTHPARK CIR  
FT. MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

GRIFFIN, J. ROBERT  
9470 HEALTHPARK CIR  
FT. MYERS, FL 33908 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: J. ROBERT GRIFFIN

01/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BECKWITH, SAMIRA,  
Address: 9470 HEALTHPARK CIR  
City-St-Zip: FT. MYERS, FL 33908

Title: CFO ( ) Delete  
Name: LAMPLEY, JILL  
Address: 9470 HEALTHPARK CR  
City-St-Zip: FORT MYERS, FL 33908

Title: T ( ) Delete  
Name: TURBEVILLE, LARRY  
Address: PO BOX 60011  
City-St-Zip: FORT MYERS, FL 33906

Title: C ( ) Delete  
Name: ROEPSTORFF, ROBBIE B  
Address: PO BOX 1819  
City-St-Zip: SANIBEL, FL 33957

Title: VC ( ) Delete  
Name: IDELSON, CHARLES K  
Address: 12800 UNIVERSITY DR., #125  
City-St-Zip: FORT MYERS, FL 33907

Title: S ( ) Delete  
Name: GILES, THOMAS H  
Address: 2503 DEL PRADO BLVD. #200  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: BECKWITH, SAMIRA  
Address: 9470 HEALTHPARK CIR  
City-St-Zip: FT. MYERS, FL 33908

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMIRA BECKWITH

PRES

01/25/2007

Electronic Signature of Signing Officer or Director

Date