

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# N06000005959

Entity Name: FLORIDA NON-PROFIT SERVICES, INC.

Current Principal Place of Business:

2449 SANDERS PINES CIR.
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

2449 SANDERS PINES CIR.
IMMOKALEE, FL 34142

New Mailing Address:

900 BROAD AVENUE SOUTH
UNIT #2C
NAPLES, FL 34102

FEI Number: 20-5005877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUEHNER, CARL J.
900 BROAD AVE. SOUTH, #2C
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

KUEHNER, CARL J.
900 BROAD AVE. SOUTH
UNIT #2C
NAPLES, FL 34102 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:

03/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KUEHNER, CARL J.
Address: 900 BROAD AVE. S., #2C
City-St-Zip: NAPLES, FL 34102

Title: VC () Delete
Name: PARKER, ALAN
Address: 741 A THIRD ST. S.
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: PROTO, FRANK
Address: 1317 LANGSTON DR.
City-St-Zip: COLUMBUS, OH 43220

Title: S () Delete
Name: LANCASTER, HARRIET
Address: 3394 CERRITO COURT
City-St-Zip: NAPLES, FL 34109

Title: BM () Delete
Name: KELLEHER, MAUREEN SISTER
Address: 1402 NEW MARKET ROAD, SUITE B
City-St-Zip: IMMOKALEE, FL 34142

Title: BM () Delete
Name: MUNOZ, SYLVIA
Address: 1408 ORANGE STREET
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: CARL J. KUEHNER

C

03/18/2008

Electronic Signature of Signing Officer or Director

Date