

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001476

1. Entity Name
**THE DUNBAR GOSPEL ASSOCIATION OF SOUTHWEST
FLORIDA, INC.**



Principal Place of Business
**3155 EDISON AVE
FT MYERS, FL 33916**

Mailing Address
**3155 EDISON AVE
FT MYERS, FL 33916**



01262006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1039821

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHOEMAKER, VERONICA S
3510 DR MLK JR BLVD
FT MYERS, FL 33916**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DENSON, JESSIE L
STREET ADDRESS	3155 EDISON AVE
CITY-ST-ZIP	FT MYERS, FL 33916
TITLE	DT
NAME	JACKSON, BRENDA
STREET ADDRESS	2603 THOMAS STREET
CITY-ST-ZIP	FT MYERS, FL 33916
TITLE	D
NAME	SHOEMAKER, VERONICA
STREET ADDRESS	3510 DR MLK JR BLVD
CITY-ST-ZIP	FT MYERS, FL 33916
TITLE	D
NAME	HALL, FANNIE M
STREET ADDRESS	3767 HIGHLANDS AVE
CITY-ST-ZIP	FT MYERS, FL 33916
TITLE	D
NAME	HILL, VIVIAN
STREET ADDRESS	1550 HIGH ST
CITY-ST-ZIP	FT MYERS, FL 33916
TITLE	T
NAME	YOUNG, ANDREW R
STREET ADDRESS	2208 PAULDO ST
CITY-ST-ZIP	FORT MYERS, FL 33916

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03/07/06-80010-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #