

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000004109

1. Entity Name
FLORA HAMILTON ROBERTS COMMUNITY FUND
CORPORATION



Principal Place of Business
SOUTHWEST FLORIDA ENTERISES CENTER
3903 DR. MARTIN LUTHER KING BLVD, STE #H
FT MYERS, FL 33916

Mailing Address
P.O. BOX 9326
FORT MYERS, FL 33902-9326

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

08132008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1006189

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, MATTIE S
1540 LOCKWOOD STREET
FORT MYERS, FL 33916

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

Filing Fee is \$61.25
Due by September 12, 2008

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 P ☐ Delete
NAME YOUNG, MATTIE S
STREET ADDRESS 1540 LOCKWOOD DR
CITY-ST-ZIP FORT MYERS, FL 33916

TITLE Director ☐ Change ☒ Addition
NAME Harris, Mattie
STREET ADDRESS 3049 St. Charles Street
CITY-ST-ZIP Fort Myers, FL 33916

TITLE TD ☐ Delete
NAME BROCK, CHRISTINE
STREET ADDRESS 12874 VISTA PINE CIRCLE
CITY-ST-ZIP FT MYERS, FL 33913

TITLE Director ☐ Change ☒ Addition
NAME Upshaw-Benjamin, Daisy
STREET ADDRESS P.O. Box 50342
CITY-ST-ZIP Fort Myers, FL 33916

TITLE VP ☐ Delete
NAME FORBES, LYNDIA
STREET ADDRESS 1104 MOHAWK PARKWAY
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HICKS-WILEY, HELEN
STREET ADDRESS 2511 DAVIS STREET
CITY-ST-ZIP FT MYERS, FL 33916

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME LEFTWICH, CHERYL P
STREET ADDRESS 4111 SE 1ST AVE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOVAN, ROSE E
STREET ADDRESS 2478 DUPREE ST.
CITY-ST-ZIP FORT MYERS, FL 33916

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

FILED

08 OCT 24 PM 4:40

CLERK OF STATE
TALLAHASSEE, FLORIDA



10/24/08 (239) 337-8263

337-8263