

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000059

**FILED**  
**Mar 05, 2024**  
**Secretary of State**  
**8570797923CC**

**Entity Name:** CHARITABLE FOUNDATION OF THE ISLANDS, INC.

**Current Principal Place of Business:**

15550 MCGREGOR BLVD  
SUITE 104  
FORT MYERS, FL 33908

**Current Mailing Address:**

PO BOX 1429  
SANIBEL, FL 33957 US

**FEI Number:** 27-4027791

**Certificate of Status Desired:** No

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

MORSE, JOHN  
4323 WEST GULF DRIVE  
PO BOX 1429  
SANIBEL, FL 33957 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:** JOHN MORSE

03/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ROACH, CHARLES G  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title TREASURER  
Name CONGRESS, DOUG  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title VC  
Name RIORDAN, LISA  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name BOREN, SUSAN S  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name LIBONATE, TOM  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title SECRETARY  
Name MORSE, JOHN  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name MUDDLELL, JEFFREY  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name BENNETT, MIKE  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** DOUG CONGRESS

TREASURER

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WISEMANN, BOB  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title OFFICER  
Name GOSS, CHAUNCY  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title OFFICER  
Name MAJESKI, JANE  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title OFFICER  
Name PFEIFER, ERIC  
Address PO BOX 1429  
City-State-Zip: SANIBEL FL 33957