

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000059

Entity Name: CHARITABLE FOUNDATION OF THE ISLANDS, INC.**Current Principal Place of Business:**4323 WEST GULF DRIVE
SANIBEL, FL 33957**Current Mailing Address:**4323 WEST GULF DRIVE
SANIBEL, FL 33957 US**FEI Number:** 27-4027791**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'NEILL, TIMOTHY JAMES
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:** TIMOTHY JAMES O'NEILL

01/26/2022

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 DIRECTOR
Name STRINGER, VIRGINIA
Address PO BOX 1429
City-State-Zip: SANIBEL FL 33957

Title VP
Name CONGRESS, MELISSA
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 SECRETARY
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 CLARK, RALPH
Address PO BOX 1429
City-State-Zip: SANIBEL FL 33957

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

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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

TREA

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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