

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003814

Entity Name: OUR MOTHER'S HOME OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**7438 CARRIER RD
FORT MYERS, FL 33967**Current Mailing Address:**18011 S. TAMIAMI TRAIL
#16-106
FORT MYERS, FL 33908**FEI Number:** 65-0510103**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WATSON, KAREN P
7438 CARRIER RD
FORT MYERS, FL 33967 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:** KAREN P. WATSON

01/19/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KREUTZER, MARY PATRICIA
Address 2104 WEST FIRST ST #1604
City-State-Zip: FORT MYERS FL 33901

Title PRESIDENT
Name NEWELL, DEBRA
Address 4670 SUMMERLIN RD
City-State-Zip: FORT MYERS FL 33919

Title VP
Name CASKEY, KATHERINE
Address 24410 RESERVE CT
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name EAST, JULIA DR.
Address 508 CAPE CORAL PKWY WEST
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR
Name TERESA, SIEVERS
Address 27034 JARVIS RD
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name MARTINEZ, TERESA
Address PO BOX 1622
City-State-Zip: SANIBEL FL 33957

Title SECRETARY
Name TEDROS, NANCY
Address 3009 SE 18TH
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR
Name LEADBETTER, C. ROBERT
Address 10401 MCARTHUR PALM LANE
 #2515
City-State-Zip: FORT MYERS FL 33966-8107

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: DEBRA NEWELL**PRESIDENT**

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date