

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90055 015 ****61.25

DOCUMENT # 703843

1. Entity Name
**LOUISE DUPONT CROWINSHIELD COMMUNITY HOUSE,
INC.**



Principal Place of Business
**EAST BANYAN STREET
P.O. BOX 101
BOCA GRANDE, FL 33921**

Mailing Address
**EAST BANYAN STREET
P.O. BOX 101
BOCA GRANDE, FL 33921**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2116488

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JOINER, ISABELLE
FIRST AND HARBOR
BOCA GRANDE, FL 33921**

7. Name and Address of New Registered Agent

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 May 1, 2004**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JOINER, ISABELLE
190 E FIRST ST., P.O BOX 154
BOCA GRANDE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BREWER, NANCY
4661 ARLINGTON DRIVE, P.O BOX 265
CAPE HAZE, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SYMOM, BARBARA
530 FIFTH STREET, P.O BOX 1308
BOCA GRANDE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AREHART, ANNE
1870 W 18TH ST., P.O BOX 686
BOCA GRANDE, FL 00000,** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPURGEON, SUSAN
280 F RAILROAD AVENUE, P.O BOX 1507
BOCA GRANDE, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHATHAM, BARBARA
228 PILOT ST., P.O BOX 51
BOCA GRANDE, FL 00000,** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Isabelle Joiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04

Date

941-964-2878

Daytime Phone #