

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90069 025 \*\*\*\*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

**60010902**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006

Chg-NP

CR2E037 (11/05)

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, 2006**

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

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

TITLE PD ☐ Delete  
NAME ITALIANO, NAT  
STREET ADDRESS 150 PALM AVE. - P.O. BOX 1406  
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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: Isabelle Joiner / Isabelle Joiner 1/29/06 941-964-2878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #