## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 19, 2007 8:00 am Secretary of State

DOCUMENT # 703843  1. Entity Name LOUISE DUPONT CROWINSHIELD COMMUNITY HOUSE, INC.				_		7 90020 004 ****	
Principal Place of Business EAST BANYAN STREET P.O. BOX 101 BOCA GRANDE, FL 33921  Principal Place of Business EAST BANYAN STREET P.O. BOX 101 BOCA GRANDE, FL 33921			1	1 10 613 16 217 2 2 16	<b>.</b>	5000047;	3
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007 C	hg-NP	CR2E037 (12/06)	ı
City & State		City & State		4. FEI Number 59-211648	38		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	S8.75 A	dditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOINER, ISABELLE			Name	Name			
	D HARBOR ANDE, FL 33921		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
	,		1				
1			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 access the obligations of registered agent.							n, and accept
ino conganione on registro ou legistro.							
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
l Clare to the	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature	e required when reinstating)		DATE	
SIGNATIONE.	, , , , , , , , , , , , , , , , , , ,						to
SIGN WITCHE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cou	aign Financing	\$5.00 May Be		DATE  Make check payable rida Department of	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	aign Financing ntribution.	\$5.00 May Be Added to Fees	Flo	lake check payable	State
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10. TiTLE NAME	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF  TD  JOINER, ISABELLE  190 E FIRST ST., P.O BOX 154  BOCA GRANDE, FL	9. Election Camp Trust Fund Con	aign Financing ntribution.   11. TITLE NAME	\$5.00 May Be Added to Fees	Flo	Make check payable rida Department of ERS AND DIRECTORS	State IN 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF  TD  JOINER, ISABELLE  190 E FIRST ST., P.O BOX 154  BOCA GRANDE, FL  VD	9. Election Camp Trust Fund Co	aign Financing ntribution. E.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	Flo	Make check payable rida Department of ERS AND DIRECTORS	State IN 10 IN 10 Addition
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF  TD JOINER, ISABELLE 190 E FIRST ST., P.O BOX 154 BOCA GRANDE, FL  VD SYMON, BARBARA 530 FIFTH STREET, P.O BOX 13 BOCA GRANDE, FL	9. Election Camp Trust Fund Cod  Delete	aign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	\$5.00 May Be Added to Fees	Flo	Make check payable rida Department of the control o	State IN 10 IM Addition
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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: SIGNATURE: Date | D