

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703843

FILED
Jan 14, 2009
Secretary of State

Entity Name: LOUISE DUPONT CROWINSHIELD COMMUNITY HOUSE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

131 BANYAN STREET
BOCA GRANDE, FL 33921

Current Mailing Address:

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

New Mailing Address:

PO BOX 101
BOCA GRANDE, FL 33921

FEI Number: 59-2116488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: JOINER, ISABELLE,
Address: 190 E FIRST ST., P.O BOX 154
City-St-Zip: BOCA GRANDE, FL

Title: PD () Delete
Name: ITALIANO, NAT
Address: 150 PALM AVE. - P.O. BOX 1406
City-St-Zip: BOCA GRANDE, FL 33921

Title: D () Delete
Name: STEWART, CAROL
Address: P O BOX 1604
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: JOINER, ISABELLE
Address: 190 E FIRST ST., P.O BOX 154
City-St-Zip: BOCA GRANDE, FL 33921

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V-PR (X) Change () Addition
Name: O'BANNON, MARY
Address: 361 GASPARILLA ST P O BOX 1468
City-St-Zip: BOCA GRANDE, FL 33921

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ISABELLE JOINER

TRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date