

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90129 011 ****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

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

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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 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 Isabelle Joiner 1/30/03 941-964-2878

CR2E037 (10/02)