2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# 712799

Entity Name: BYRON W. CATHERWOOD MEMORIAL POST INC.

Current Principal Place of Business:

18 S. HOMESTEAD RD.
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

25 S. HOMESTEAD RD
LEHIGH ACRES, FL 33936 US

New Mailing Address:

FEI Number: 59-1679198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, JR A B
801 W LEELAND HGTS BLVD, STE B
LEHIGH ACRES, FL 33936 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:	PD	( ) Delete
Name:	WAIDE, LESTER E	
Address:	25 HOMESTEAD RD.	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	VD	( ) Delete
Name:	BROWN, NORMAN	
Address:	25 HOMESTEAD RD.	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	VD	( ) Delete
Name:	CLEMANS, RAYMOND	
Address:	25 HOMESTEAD RD.	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	TD	( ) Delete
Name:	KING, REBECCA	
Address:	25 HOMESTEAD RD.	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	D	( ) Delete
Name:	KAHLER, BOB	
Address:	25 HOMESTEAD RD.	
City-St-Zip:	LEHIGH ACRES, FL 33936	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESTER E. WAIDE PD 03/09/2005

Electronic Signature of Signing Officer or Director — Date