

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90076 020 ****70.00

DOCUMENT # 729858

1. Entity Name

**THE NATIONAL ASSOCIATION OF INDEPENDENT
CHRISTIAN CHURCHES AND VETERANS HOMELESS AND**



Principal Place of Business

1761 ROYAL PALM AVENUE, SUITE 8
POST OFFICE BOX 147
FORT MYERS FL 33902

Mailing Address

P.O. BOX 147
FORT MYERS FL 33902-0147

2. Principal Place of Business

2358 Victoria Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

33901-3816

Country

Lee

Zip

Country

4. FEI Number

23-7382156

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEIL, JOHN JAMES, REV., S.G.S.
1761 ROYAL PALM AVENUE, SUITE #8
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Heil, John James, Rev., S.G.S.

Street Address (P.O. Box Number is Not Acceptable)

2358 Victoria Avenue

Fort Myers

FL

33901-3816

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 JOHN JAMES HEIL, VPD

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

24 JAN 2006

DATE

FILE NOW: 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	PD	<input checked="" type="checkbox"/> Delete
NAME	THIBODEAU, KENNETH BOYD R REV	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, THOMAS JAMES R REV	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EVEREST, GENE NANCY	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEHMKUHL, MERLE	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HEIL, JOHN	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PALMER, III, GEORGE DAVID REV	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thibodeau, Kenneth Boyd Dr.	
STREET ADDRESS	2358 Victoria Avenue	
CITY-ST-ZIP	Fort Myers, FL 33901-3816	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heil, John James	
STREET ADDRESS	2358 Victoria Avenue	
CITY-ST-ZIP	Fort Myers, FL 33901-3816	

TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Everest, Gene Nancy	
STREET ADDRESS	2358 Victoria Avenue	
CITY-ST-ZIP	Fort Myers, FL 33901-3816	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony, Kimberly M.	
STREET ADDRESS	502 Leeland Heights BLED., East	
CITY-ST-ZIP	Lehigh Acres, FL 33936-6720	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fowler, Thomas James, Rev.	
STREET ADDRESS	2340 Grand Avenue # 209	
CITY-ST-ZIP	Fort Myers, FL 33901-6155	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cacciolfi, Sara V.	
STREET ADDRESS	1207 SE 30th Terrace	
CITY-ST-ZIP	Cape Coral, FL 33904-3933	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JOHN JAMES HEIL, VPD

24 JAN 2006 (239) 418-0939