


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 MAR 23 PM 1:53

SEC. OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 729858	
1. Entity Name THE NATIONAL ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHES AND VETERANS HOMELESS AND COMMUNITY O	

Principal Place of Business 2538 VICTORIA VE FORT MYERS, FL 33901-3816	Mailing Address P.O. BOX 147 FORT MYERS, FL 33902-0147
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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



03032006 Chg-NP CR2E037 (11/05)

4. FEI Number 23-7382156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HEIL, JOHN JAMES, REV., S.G.S. 2358 VICTORIA AVE FORT MYERS, FL 33901-3816	
7. Name and Address of New Registered Agent	
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.

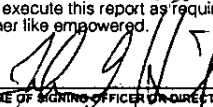
SIGNATURE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC THIBODEAU, KENNETH BOYD R REV 2358 VICTORIA AVE FORT MYERS, FL 339013316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CACCIOLOFI, SARA V 1207 SE 30TH TERRACE CAPE CORAL, FL 339043938 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tenalio, Christopher A. 2358 Victoria Avenue Fort Myers, FL 33901-3816 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVEREST, GENE N 2358 VICTORIA AVE FORT MYERS, FL 339013816 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOWLER, THOMAS J REV 2840 GRAND AVENUE, STE 209 FORT MYERS, FL 339016155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEIL, JOHN J 2358 VICTORIA AVE FORT MYERS, FL 339013816 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT Heil, John James 2358 Victoria Avenue Fort Myers, FL 33901-3816 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANTHONY, KIMBERLY M 502 LEELEND HEIGHTS BLED., EAST LEHIGH ACRES, FL 339366720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: john james heil 

07 MAR 2006 (239) 418-0939

K. Eckel MAR 28 2006