

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90006 017 ****61.25

DOCUMENT # 738113

1. Entity Name
**SOUTHWEST FLORIDA CARE SERVICES FOR
CHRISTIAN SCIENTISTS, INC.**



Principal Place of Business
**188 TAHITI CIRCLE
NAPLES, FL 34113**

Mailing Address
**188 TAHITI CIRCLE
NAPLES, FL 34113 US**

2. Principal Place of Business
54 Turquoise Ave
Suite, Apt. #, etc.

3. Mailing Address
54 Turquoise Ave
Suite, Apt. #, etc.

07022006 Chg-NP CR2E037 (4/06)

City & State
Naples Florida

City & State
Naples Florida

4. FEI Number
59-1839336

Applied For
Not Applicable

Zip Country
34114 Collier

Zip Country
34114 Collier

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWITZER, JOLENE
188 TAHITI CIRCLE
NAPLES, FL 34113**

7. Name and Address of New Registered Agent

Name **BITTERMAN, Evelyn**
Street Address (P.O. Box Number is Not Acceptable)

54 Turquoise Ave
City **Naples** **FL** Zip Code **34114**

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 **Evelyn Bitterman**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 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 **SD** ☐ Delete
NAME **SWITZER, JOLENE**
STREET ADDRESS **188 TAHITI CIRCLE**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D** ☐ Delete
NAME **SWITZER, DAVID**
STREET ADDRESS **188 TAHITI CIRCLE**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D** ☐ Delete
NAME **LURVEY, ROBERT P**
STREET ADDRESS **13221 BRIDGEFORD AVE.**
CITY-ST-ZIP **BONITA SPRINGS, FL 341353451**

TITLE **T** ☐ Delete
NAME **BITTERMAN, EVELYN**
STREET ADDRESS **54 TURQUOISE AVE.**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE **PD** ☐ Delete
NAME **TRICK, CHARLES**
STREET ADDRESS **42810 SE 20TH PL. 2-305**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **VD** ☐ Delete
NAME **LURVEY, NEENA**
STREET ADDRESS **13221 BRIDGEFORD AVE.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Acting SD** ☒ Change ☐ Addition
NAME **Lurvey, Neena**
STREET ADDRESS **13221 Bridgeford Ave**
CITY-ST-ZIP **Bonita Spring, FL 34135**

TITLE **D** ☐ Change ☐ Addition
NAME **SWITZER, DAVID**
STREET ADDRESS **188 TAHITI Circle**
CITY-ST-ZIP **Naples, FL 34114**

TITLE **D** ☐ Change ☒ Addition
NAME **FURNER, Sally**
STREET ADDRESS **1804 Savona Parkway**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **T** ☐ Change ☐ Addition
NAME **BITTERMAN, Evelyn**
STREET ADDRESS **54 Turquoise Ave**
CITY-ST-ZIP **Naples FL 34114**

TITLE **VD** ☒ Change ☐ Addition
NAME **Trick, Charles**
STREET ADDRESS **42810 SE 20th Pl. 2-305**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **PD** ☒ Change ☐ Addition
NAME **Lurvey, Neena**
STREET ADDRESS **13221 Bridgeford Ave**
CITY-ST-ZIP **Bonita Springs, FL 34135**

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: **Evelyn Bitterman, Treasurer Evelyn Bitterman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-06 239-793-8202
Date Daytime Phone #