

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738113

FILED
Apr 22, 2008
Secretary of State

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

Current Principal Place of Business:

54 TURQUOISE AVE
NAPLES, FL 34113

New Principal Place of Business:

54 TURQUOISE AVE
NAPLES, FL 34114

Current Mailing Address:

54 TURQUOISE AVE
NAPLES, FL 34113 US

New Mailing Address:

54 TURQUOISE AVE
NAPLES, FL 34114 US

FEI Number: 59-1839336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BITTERMAN, EVELYN
54 TURQUOISE AVE
NAPLES, FL 34114 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: SD () Delete
Name: SWITZER, JOLENE
Address: 1364 SHADOW LANE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: SWITZER, DAVID
Address: 188 TAHITI CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: LURVEY, ROBERT P
Address: 5547 SIR WALTER WAY
City-St-Zip: N FT MYERS, FL 33977

Title: T () Delete
Name: BITTERMAN, EVELYN
Address: 54 TURQUOISE AVE.
City-St-Zip: NAPLES, FL 34114

Title: PD () Delete
Name: LURVEY, NEENA
Address: 13221 BRIDGEFORD AVE.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MATHENY, KAREN
Address: 4310 QUEEN ELIZABETH WAY
City-St-Zip: NAPLES, FL 34119

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

Title: D (X) Change () Addition
Name: TURNER, SALLY
Address: 1804 SAVONA PKWY
City-St-Zip: CAPE CORAL, FL 33904

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 exemption stated 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 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: NEENA LURVEY

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date