

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738113

FILED
Mar 14, 2011
Secretary of State

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

Current Principal Place of Business:

54 TURQUOISE AVE
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

54 TURQUOISE AVE
NAPLES, FL 34114

New Mailing Address:

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: PD
Name: MATHENY, KAREN
Address: 4310 QUEEN ELIZABETH WAY
City-St-Zip: NAPLES, FL 34119

Title: SD
Name: SCHNELL, SHERRY
Address: 19431 LA SERENA DR.
City-St-Zip: FT, MYERS, FL 33967

Title: D
Name: TURNER, SALLY
Address: 1804 SAVONA PKWY
City-St-Zip: CAPE CORAL, FL 33904

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

Title: D
Name: WILLOVER, MARJORIE
Address: 5547 SIR WALTER WAY
City-St-Zip: FORT MYERS, FL 33917

Title: VP
Name: TROMLEY, VERNA
Address: 10303 BURNT STORE ROAD #70
City-St-Zip: PUNTA GORDA, FL 33950

I hereby 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 all other like empowered.

SIGNATURE: EVELYN BITTERMAN

TRES

03/14/2011

Electronic Signature of Signing Officer or Director

Date