2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# 759968

Entity Name: HOPE OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

9470 HEALTHPARK CIR.
FT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

9470 HEALTHPARK CIR.
FT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 59-2128697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKWITH, SAMIRA K.
9470 HEALTHPARK CIR
FT. MYERS, FL 33908 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:	P	( ) Delete
Name:	BECKWITH, SAMIRA,	
Address:	9470 HEALTHPARK CIR	
City-St-Zip:	FT. MYERS, FL 33908	
Title:	VP	( ) Delete
Name:	LAMPLEY, JILL	
Address:	9470 HEALTHPARK CR	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	C	( ) Delete
Name:	SCHESTAG, HARVEY	
Address:	9990 COCONUT RD #200	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	VC	( ) Delete
Name:	TRIPPE, GARY	
Address:	P O BOX 60139	
City-St-Zip:	FORT MYERS, FL 33906	
Title:	T	( ) Delete
Name:	ROEPSTORFF, ROBBIE R	
Address:	P O BOX 1819	
City-St-Zip:	SANIBEL, FL 33957	
Title:	S	( ) Delete
Name:	HUNT, JOHN REV	
Address:	1203 EVEREST	
City-St-Zip:	CAPE CORAL, FL 33904	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	C	(X) Change ( ) Addition
Name:	TRIPPE, GARY V	
Address:	PO BOX 60139	
City-St-Zip:	FORT MYERS, FL 33906	
Title:	VC	(X) Change ( ) Addition
Name:	ROEPSTORFF, ROBBIE B	
Address:	PO BOX 1819	
City-St-Zip:	SANIBEL, FL 33957	
Title:	T	(X) Change ( ) Addition
Name:	IDELSON, CHARLES K	
Address:	12800 UNIVERSITY DR., #125	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	S	(X) Change ( ) Addition
Name:	GILES, THOMAS H	
Address:	2503 DEL PRADO BLVD. #200	
City-St-Zip:	CAPE CORAL, FL 33904	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAMIRA K. BECKWITH P 04/15/2005

Electronic Signature of Signing Officer or Director — Date