

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90082 039 ****61.25

DOCUMENT # N00000000757

1. Entity Name

LO AND SLO FLYERS OF SOUTH WEST FLORIDA,
INCORPORATED



Principal Place of Business

1790 NEW ST
NORTH PORT FL 34286

Mailing Address

1790 NEW ST
NORTH PORT FL 34286

2. Principal Place of Business

1183 N.W. GIRL SCOUT RD

Suite, Apt. #, etc.

3. Mailing Address

1183 N.W. GIRL SCOUT RD

Suite, Apt. #, etc.

City & State

ARCADIA FL

City & State

ARCADIA FL

Zip

34266

Country

USA

Zip

34266

Country

USA

4. FEI Number

31-1689859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANZ, WARREN A
3115 SCENIC VIEW DR
PUNTA GORDA FL 33950

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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	TD	<input checked="" type="checkbox"/> Delete
NAME	MACK, ROBERT	
STREET ADDRESS	27205 JONES LOOP RD #36	
CITY-ST-ZIP	PUNTA GORDA FL 33982	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RANZ, WARREN	
STREET ADDRESS	3115 SCENIC VIEW DR	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PHILBRICK, GLORIA	
STREET ADDRESS	1790 NEW ST	
CITY-ST-ZIP	NORTH PORT FL 34286	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDONAGH, ROBERT	
STREET ADDRESS	149 LOS PALMAS BLVD	
CITY-ST-ZIP	FORT MYERS FL 33903	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE CHASE	
STREET ADDRESS	1183 N.W. GIRL SCOUT RD	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY WILHITE	
STREET ADDRESS	4161 FLAMINGO BLVD	
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON RIFE	
STREET ADDRESS	6210 PADULA ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Joyce Chase* **Joyce Chase**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/05

Date

863-993-0391

Daytime Phone #