

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90065 049 ****61.25

DOCUMENT # N00000000757			
1. Entity Name LO AND SLO FLYERS OF SOUTH WEST FLORIDA, INCORPORATED		Principal Place of Business 2699 NE HWY 70 757 ARCADIA, FL 34266	
2. Principal Place of Business - No P.O. Box # 1828 SCARBOROUGH TRAIL		3. Mailing Address 2692 NE HWY 70#757 ARCADIA, FL 34266	
4. City & State PORT CHARLOTTE FL		5. City & State PORT CHARLOTTE FL	
6. Zip 33980		7. Zip 33980	
8. Name and Address of Current Registered Agent RANZ, WARREN A 3115 SCENIC VIEW DR PUNTA GORDA, FL 33950		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		11. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD NAME CHASE, JOYCE STREET ADDRESS 2692 NW HWY 70 STE 757 CITY-ST-ZIP ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE TD NAME BETH MILEY STREET ADDRESS 1828 SCARBOROUGH TR. CITY-ST-ZIP PORT CHARLOTTE FL 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME REED, WAYNE STREET ADDRESS 12350 MORNINGSTAR LANE CITY-ST-ZIP BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete	TITLE VD NAME BOB REID STREET ADDRESS 805 MIRAMAR CT CITY-ST-ZIP CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME RAHZ, WARREN STREET ADDRESS 3115 SCENIC VIEW DR CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE P-D NAME JEFFREY SMITH STREET ADDRESS 3624 PINE OAK Circle #108 CITY-ST-ZIP FT MYERS FL 33916	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME ALEXANDER, JERRY STREET ADDRESS PO BOX 529 CITY-ST-ZIP FORT OGDEN, FL 34267	<input checked="" type="checkbox"/> Delete	TITLE SD NAME PATRICIA HATFIELD STREET ADDRESS 215 BELAIRE CT CITY-ST-ZIP PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 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: <i>Joyce Chase, Treasurer</i>		4-10-08 863-993-0391	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	