

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000797

FILED
Feb 21, 2005
Secretary of State

Entity Name: FLORIDA INTERFAITH/INTERAGENCY NETWORKING IN DISASTER OF LEE COUNTY, INC.

Current Principal Place of Business:

% LEE COUNTY EMERGENCY MANAGEMENT
2665 ORTIZ AVENUE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

PO BOX 7553
FT MYERS, FL 339117553

New Mailing Address:

FEI Number: 65-0940534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, EDWARD A.
1923 SE 31ST STREET
CAPE CORAL, FL 339044047 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 () Delete
Name: SCHMIDT, EDWARD A.
Address: 1923 31ST STREET
City-St-Zip: CAPE CORAL, FL 339044047

Title: D () Delete
Name: LUDLOW, JOHN
Address: 1300 WOODWARD CT 233
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SD () Delete
Name: BROWN, LORNA
Address: 1685 S. HERMITAGE ROAD
City-St-Zip: FT. MYERS, FL 33919

Title: D (X) Delete
Name: DENNING, KEITH
Address: RED CROSS 2516 COLONIAL BLVD STE 201
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Delete
Name: BRENNER, THOMAS REV.
Address: 636 DGL PRALD BLVD.
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Delete
Name: KEELY, LUEY
Address: 2665 ORTZ AVE.
City-St-Zip: FORT MYERS, FL 33902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: BROWN, LORNA
Address: 1685 S. HERMITAGE ROAD
City-St-Zip: FT. MYERS, FL 33919

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

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 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: EDWARD A.SCHMIDT

P

02/21/2005

Electronic Signature of Signing Officer or Director

Date