


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000001476</b> 1. Entity Name <b>THE DUNBAR GOSPEL ASSOCIATION OF SOUTHWEST FLORIDA, INC.</b>		
Principal Place of Business <b>3155 EDISON AVE FT MYERS FL 33916</b>	Mailing Address <b>3155 EDISON AVE FT MYERS FL 33916</b>	



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-1039821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SHOEMAKER, VERONICA S  
3510 DR MLK JR BLVD  
FT MYERS FL 33916**

**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 *Veronica S. Shoemaker* *Veronica S. Shoemaker*      *3-24-2007*  
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, 2007**

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	D <input type="checkbox"/> Delete NAME: DENSON, JESSIE L STREET ADDRESS: 3155 EDISON AVE CITY-ST-ZIP: FT MYERS FL 33916
TITLE	DT <input type="checkbox"/> Delete NAME: JACKSON, BRENDA STREET ADDRESS: 2803 THOMAS STREET CITY-ST-ZIP: FT MYERS FL 33916
TITLE	D <input type="checkbox"/> Delete NAME: SHOEMAKER, VERONICA STREET ADDRESS: 3510 DR MLK JR BLVD CITY-ST-ZIP: FT MYERS FL 33916
TITLE	D <input type="checkbox"/> Delete NAME: HALL, FANNIE M STREET ADDRESS: 3767 HIGHLANDS AVE CITY-ST-ZIP: FT MYERS FL 33916
TITLE	D <input type="checkbox"/> Delete NAME: HILL, VIVIAN STREET ADDRESS: 1550 HIGH ST CITY-ST-ZIP: FT MYERS FL 33916
TITLE	T <input type="checkbox"/> Delete NAME: YOUNG, ANDREW R STREET ADDRESS: 2208 PAULO ST CITY-ST-ZIP: FORT MYERS FL 33916

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000687167
STREET ADDRESS	04/10/07-80029-013 61.25
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jessie L. Denson* *Jessie L. Denson*      *3-24-07*      *239-337-7376*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR