


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001476

1. Entity Name
THE DUNBAR GOSPEL ASSOCIATION OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address

**3155 EDISON AVE
 FT MYERS FL 33916** **3155 EDISON AVE
 FT MYERS FL 33916**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For

65-1039821 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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* 2-9-08

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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 PAULDO 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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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 exemptions contained in Section 1119, 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* 2-9-08