

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90440 027 ****61.25

DOCUMENT # N00000004109					
1. Entity Name FLORA HAMILTON ROBERTS COMMUNITY FUND CORPORATION					
Principal Place of Business P O BOX 1591 FT MYERS, FL 33902			Mailing Address P O BOX 1591 FT MYERS, FL 33902		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		04112006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-1006189				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, MATTIE S 1540 LOCKWOOD STREET FORT MYERS, FL 33916			7. Name and Address of New Registered Agent Name: <u>Same</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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: <u>Mattie S. Young</u> DATE: <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME BALDIE, JANICE STREET ADDRESS 4613 5TH STREET WEST CITY-ST-ZIP LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Delete Inactive		TITLE President NAME Rose Eady Govan STREET ADDRESS 2478 Dupree St. CITY-ST-ZIP Fort Myers, FL 33916	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BROCK, CHRISTINE STREET ADDRESS 12874 VISTA PINE CIRCLE CITY-ST-ZIP FT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FORBES, LYNDIA STREET ADDRESS 1104 MOHAWK PARKWAY CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HICKS-WILEY, HELEN STREET ADDRESS 2511 DAVIS STREET CITY-ST-ZIP FT MYERS, FL 33916	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COHN, GLADYS STREET ADDRESS 2085 PAULO ST CITY-ST-ZIP FT MYERS, FL 33916	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HAMILTON, LOUISE STREET ADDRESS 3025 APACHE ST CITY-ST-ZIP FT MYERS, FL 33916	Deceased <input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Cheryl P. Leftwich STREET ADDRESS 4111 SE 1st Avenue CITY-ST-ZIP Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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: <u>Mattie S. Young</u> DATE: <u>4/27/06</u> DEPHONE: <u>(239) 337-8263</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>					