

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90494 009 ****61.25

DOCUMENT # N01000001226	
1. Entity Name LIFE NETWORK OF SOUTHWEST FLORIDA, INC.	



Principal Place of Business P.O. BOX 9488 NAPLES, FL 34101	Mailing Address P.O. BOX 9488 NAPLES, FL 34101
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40074142



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04292005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
STEWART, JAMES C JR. 9180 GALLERIA COURT STE. 700 NAPLES, FL 34109	

4. FEI Number 59-3702247	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKNER, RENEE <input type="checkbox"/> Delete 970 5TH AVE. NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, DIANE <input type="checkbox"/> Delete 10611 TAMiami TRAIL N. STE. B-2 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERICKSON, ROSEMARY <input type="checkbox"/> Delete 2903 TROPICANA BLVD. NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SULLIVAN, KATHLEEN <input type="checkbox"/> Delete 230 ALBI NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARTER, JOAN <input type="checkbox"/> Delete 2081 W CROWN POINTE BLVD NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joan Carter (Joan Carter) 4-29-05 239-775-7534