


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90040 047 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City	
6. Name and Address of Current Registered Agent STEWART, JAMES C. JR. 9180 GALLERIA COURT STE. 700 NAPLES, FL 34109				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 _____ <small>(Signature of person or entity submitting 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.)</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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKNER, RENEE 970 5TH AVE. NORTH NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, DIANE 10611 TAMiami TRAIL N. STE. B-2 NAPLES, FL 34108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERICKSON, ROSEMARY 2903 TROPICANA BLVD. NAPLES, FL 34116	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SULLIVAN, KATHLEEN 230 ALBI NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARTER, JOAN 2081 W CROWN POINTE BLVD NAPLES, FL 34112	<input type="checkbox"/> Delete			
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			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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 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: _____ <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					