

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

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90138 045 ****61.25

DOCUMENT # N01000001226

1. Entity Name

LIFE NETWORK OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

1724 Santa Barbara
P.O. BOX 9488
NAPLES FL 34107
34116

Mailing Address

P.O. BOX 9488
NAPLES FL 34101



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

59-3702247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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, 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 ☒ Delete
NAME HANSON, DIANE
STREET ADDRESS 10611 TAMiami TRAIL N. STE. B-2
CITY-ST-ZIP NAPLES FL 34108

TITLE S ☐ Delete
NAME ERICKSON, ROSEMARY
STREET ADDRESS 2903 TROPICANA BLVD.
CITY-ST-ZIP NAPLES FL 34116

TITLE DP ☐ Delete
NAME SULLIVAN, KATHLEEN
STREET ADDRESS 230 ALBI
CITY-ST-ZIP NAPLES FL 34112

TITLE DT ☐ Delete
NAME CARTER, JOAN
STREET ADDRESS 2081 W CROWN POINTE BLVD
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME Carolc Dangler
STREET ADDRESS 211 Indian Key Lane
CITY-ST-ZIP Naples, FL 34114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Joan Carter

Joan Carter

4-7-08

239-7757534