# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2009**
**Secretary of State**

DOCUMENT# N01000001226

**Entity Name:** LIFE NETWORK OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1776 SANTA BARBARA
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9488
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number: 59-3702247** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEWART, JAMES C JR.
9180 GALLERIA COURT
STE. 700
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: DANGLER, CAROLE
Address: 211 INDIAN KEY LANE
City-St-Zip: NAPLES, FL 34114

Title: S ( ) Delete
Name: ERICKSON, ROSEMARY
Address: 2903 TROPICANA BLVD.
City-St-Zip: NAPLES, FL 34116

Title: DP ( ) Delete
Name: SULLIVAN, KATHLEEN
Address: 230 ALBI
City-St-Zip: NAPLES, FL 34112

Title: DT ( ) Delete
Name: CARTER, JOAN
Address: 2081 W CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO AN CARTER DT 04/11/2009

Electronic Signature of Signing Officer or Director — Date