

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001920 1. Entity Name P & M CHARITIES, INC.	
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Principal Place of Business 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103	Mailing Address 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103
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01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0644503	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PERKOVICH, JOSEPH I 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000153266
05/04/04-80121-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, MILES C 3001 TAMiami TRAIL NORTH #207 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLIER, PARKER J 3001 TAMiami TRAIL NORTH #207 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PERKOVICH, JOSEPH I 3001 TAMiami TRAIL NORTH #207 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KURTYKA, DEBORAH L 3001 TAMiami TR. N. STE. 207 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT WALKER, SANDRA D 3001 TAMiami TR. N. STE. 207 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Deborah L. Kurtyka, Treasurer 4/30/04 239-434-4079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #