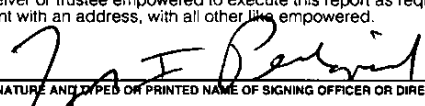


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90090 044 ****61.25

DOCUMENT # N02000001920 1. Entity Name P & M CHARITIES, INC.					
Principal Place of Business 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103				Mailing Address 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0644503	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PERKOVICH, JOSEPH I 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103			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					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	COLLIER, MILES C		NAME		
STREET ADDRESS	3001 TAMiami TRAIL NORTH #207		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	DP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	COLLIER, PARKER J		NAME		
STREET ADDRESS	3001 TAMiami TRAIL NORTH #207		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	DVS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	PERKOVICH, JOSEPH I		NAME		
STREET ADDRESS	3001 TAMiami TRAIL NORTH #207		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	T ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	KURTYKA, DEBORAH L		NAME		
STREET ADDRESS	3001 TAMiami TR. N. STE. 207		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	ASAT ☐ Delete		TITLE	TAS ☒ Change ☐ Addition	
NAME	WALKER, SANDRA D.		NAME	Walker, Sandra D.	
STREET ADDRESS	3001 TAMiami TR. N. STE. 207		STREET ADDRESS	3001 Tamiami Trail North, #207	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples, FL 34103	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4/26/05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		