

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002156

FILED
Apr 04, 2009
Secretary of State

Entity Name: SINGLES TOGETHER, INC.

Current Principal Place of Business:

5129 CASTELLO DRIVE
SUITE #1
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

205 WOODSHIRE LANE
NAPLES, FL 34105

New Mailing Address:

3281 13TH AVE SW
NAPLES, FL 34117

FEI Number: 01-0633504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALUPY, BARBARA
205 WOODSHIRE LN
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

KALUPY, BARBARA
3281 13TH AVE SW
NAPLES, FL 34117 US

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: BARBARA A. KALUPY

04/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KALUPY, BARBARA
Address: 205 WOODSHIRE LANE
City-St-Zip: NAPLES, FL 34105

Title: DV () Delete
Name: NOURSE, KATHY
Address: 8075 SAN VISTA CIRCLE
City-St-Zip: NAPLES, FL 34108

Title: DT () Delete
Name: SEIB, FRAN
Address: 4646 CRAYTON RD
City-St-Zip: NAPLES, FL 34105

Title: DS () Delete
Name: ALDERUCCIO, BARBARA
Address: 4551 GULF SHORE BLVD NO. APT 1400
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KALUPY, BARBARA
Address: 3281 13TH AVE SW
City-St-Zip: NAPLES, FL 34117

Title: DV (X) Change () Addition
Name: SAVELLE, HELENE
Address: 2506 ORCHID BAY DRIVE #101
City-St-Zip: NAPLES, FL 34109

Title: DT (X) Change () Addition
Name: GROVE, MARLENE
Address: 24797 LAKEMONT COVE LANE #V202
City-St-Zip: BONITA SPRINGS, FL 34134

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: BARBARA A. KALUPY

PRES

04/04/2009

Electronic Signature of Signing Officer or Director

Date