


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**


04-29-2005 90234 022 \*\*\*\*61.25

<b>DOCUMENT # N02000002334</b> 1. Entity Name <b>VERONICA SHOEMAKER'S CHARITY SERVICES, INC.</b>	
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Principal Place of Business <b>3054 MANGO ST FT MYERS, FL 33916</b>	Mailing Address <b>3054 MANGO ST FT MYERS, FL 33916</b>
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**DO NOT WRITE IN THIS SPACE**

**12000323**



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>30-0078142</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SHOEMAKER, VERONICA 3054 MANGO ST FT MYERS, FL 33916</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOEMAKER, VERONICA 3054 MANGO ST FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINNIE, SHERRY 6 W CLERMONT ST FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAPP, RICHARD 3275 SOUTH ST FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEMS, LARRY 3510 DR MARTIN LUTHER KING JR BLVD FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D. Mattie S. Young 1540 Lockwood St. Fort Myers FLA, 33916</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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.

<b>SIGNATURE:</b> <i>Veronica S. Shoemaker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>3/23/2005</i> <i>239-332-1802</i>
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