

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM  
Secretary of State

DOCUMENT # N02000002334

1. Entity Name  
VERONICA SHOEMAKER'S CHARITY SERVICES, INC.



Principal Place of Business

3054 MANGO ST  
FT MYERS, FL 33916

Mailing Address

3054 MANGO ST  
FT MYERS, FL 33916



01262006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

SHOEMAKER, VERONICA  
3054 MANGO ST  
FT MYERS, FL 33916

**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: *Veronica S. Shoemaker* *Veronica S. Shoemaker* *April 25-2006*  
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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHOEMAKER, VERONICA
STREET ADDRESS	3054 MANGO ST
CITY-ST-ZIP	FT MYERS, FL 33916

TITLE	SD
NAME	KINNIE, SHERRY
STREET ADDRESS	6 W CLERMONT ST
CITY-ST-ZIP	FT MYERS, FL 33916

TITLE	TD
NAME	SAPP, RICHARD
STREET ADDRESS	3275 SOUTH ST
CITY-ST-ZIP	FT MYERS, FL 33916

TITLE	D
NAME	WEEMS, LARRY
STREET ADDRESS	3510 DR MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP	FT MYERS, FL 33916

TITLE	D
NAME	YOUNG, MATTIE S
STREET ADDRESS	1540 LOCKWOOD ST
CITY-ST-ZIP	FORT MYERS, FL 33916

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000538077  
05/09/06-80044-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Veronica S. Shoemaker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 25 2006* *339*  
Date Daytime Phone #