

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002334

FILED
Feb 01, 2009
Secretary of State

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

Current Principal Place of Business:

3054 MANGO ST
FT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

3054 MANGO ST
FT MYERS, FL 33916

New Mailing Address:

FEI Number: 30-0078142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHOEMAKER, VERONICA
3054 MANGO ST
FT MYERS, FL 33916 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHOEMAKER, VERONICA
Address: 3054 MANGO ST
City-St-Zip: FT MYERS, FL 33916

Title: SD () Delete
Name: KINNIE, SHERRY
Address: 6 W CLERMONT ST
City-St-Zip: FT MYERS, FL 33916

Title: TD () Delete
Name: SAPP, RICHARD
Address: 3275 SOUTH ST
City-St-Zip: FT MYERS, FL 33916

Title: D () Delete
Name: WEEMS, LARRY
Address: 3510 DR MARTIN LUTHER KING JR BLVD
City-St-Zip: FT MYERS, FL 33916

Title: D () Delete
Name: YOUNG, MATTIE S
Address: 1540 LOCKWOOD ST
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VERONICA SHOEMAKER

PD

02/01/2009

Electronic Signature of Signing Officer or Director

Date