

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N02000004643

1. Entity Name
**THE FLORIDA CHAPTER OF BENCH AND BAR
SPOUSES, INC.**



Principal Place of Business
**7901 SADDLEBROOK DR
PORT ST LUCIE, FL 34986**

Mailing Address
**7901 SADDLEBROOK DR
PORT ST LUCIE, FL 34986**



04022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4241337

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, JOVITA
7901 SADDLEBROOK DR
PORT ST LUCIE, FL 34986**

**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 *Jovita Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JOVITA 7901 SADDLEBROOK DR PORT ST LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINNEY, SONYA 10960 PINE CREEK ST LUCIE W, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARY, GLORIA 36 RIO VISTA DR STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, PAULA 7958 STEEPLECHASE CT ST LUCIE W, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWIFT, ANNA 1061 SW MOCKINGBIRD DR ST LUCIE W, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000698464
04/19/07-80003-022 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07 772 461-6987
Date Daytime Phone #