

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005879

**FILED**  
**Apr 24, 2004**  
**Secretary of State****Entity Name:** SOUTHWEST FLORIDA LIFE QUALITY DEVELOPMENT CORPORATION**Current Principal Place of Business:**6410-B ARC WAY  
FT. MYERS, FL 33901**New Principal Place of Business:****Current Mailing Address:**6410-B ARC WAY  
FT. MYERS, FL 33901**New Mailing Address:****FEI Number:** 04-3610527**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BEITELSCHES, RHONDA  
6410 B ARC WAY  
FT. MYERS, FL 33901 US**Name and Address of New Registered Agent:**STEVENS, CORIE  
6410 B ARC WAY  
FT. MYERS, FL 33901 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: CORIE STEVENS

04/24/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: BEITELSCHIES, RHONDA  
Address: 849 SE 3RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: DPS ( ) Delete  
Name: WILSON, KELLY  
Address: 6410 B-ARC WAY  
City-St-Zip: FORT MYERS, FL 33990

Title: DV ( ) Delete  
Name: CAMPBELL, STEPHANIE  
Address: 6410-B ARC WAY  
City-St-Zip: FORT MYERS, FL 33901

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DT (X) Change ( ) Addition  
Name: STEVENS, CORIE  
Address: 350 PARKDALE BLVD  
City-St-Zip: LEHIGH, FL 33936

Title: D (X) Change ( ) Addition  
Name: WILSON, KELLY  
Address: 6410 B-ARC WAY  
City-St-Zip: FORT MYERS, FL 33990

Title: DV (X) Change ( ) Addition  
Name: GIBBS, MIKE  
Address: 6410-B ARC WAY  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Change (X) Addition  
Name: AMBURGY, BARBARA  
Address: 64-10 ARC WAY  
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KELLY WILSON

D

04/24/2004

Electronic Signature of Signing Officer or Director

Date