

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007549

FILED
Aug 08, 2004
Secretary of State

Entity Name: SOUTH WEST FLORIDA PODS ANGELS FAMILY SUPPORT GROUP, INC.

Current Principal Place of Business:

1955 MARAVILLA AVE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60933
FT. MYERS, FL 339066933

New Mailing Address:

FEI Number: 75-3075628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRINGLE, MARY B
3422 S.E. 11TH PLACE
CAPE CORAL, FL 339044209 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: D () Delete
Name: PRINGLE, MARY B
Address: 3422 S.E. 11TH PLACE
City-St-Zip: CAPE CORAL, FL 339044209

Title: D () Delete
Name: PRINGLE, CLARENCE M
Address: 3422 S.E. 11TH PLACE
City-St-Zip: CAPE CORAL, FL 339044209

Title: D () Delete
Name: ADAMS, ROSE
Address: 2621 N.W. 3RD PLACE
City-St-Zip: CAPE CORAL, FL 33993

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOLLWAY, JOHN D
Address: 2701 EGRET COURT
City-St-Zip: ST JAMES CITY, FL 33956

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

Title: D () Change (X) Addition
Name: MAILLOUX, CAROLE
Address: P.O.BOX 7531
City-St-Zip: FT MYERS, FL 33909

Title: D () Change (X) Addition
Name: MULLINGS, CATHY
Address: 8176 ALBATROSS RD
City-St-Zip: FT MYERS, FL 33912

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: MARY PRINGLE

D

08/08/2004

Electronic Signature of Signing Officer or Director

Date