

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007549

FILED
Feb 21, 2007
Secretary of State

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

Current Principal Place of Business:

3422 SE 11TH PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

3422 SE 11TH PLACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 75-3075628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: HARRIS, NANCY
Address: 1270 SW 28TH TERR.
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D () Delete
Name: NUNLEY, MICHELLE
Address: 512 SE 6TH STREET #3
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: MAILLOUX, CAROLE
Address: P.O.BOX 7531
City-St-Zip: FT MYERS, FL 33906

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: D (X) Change () Addition
Name: BUNN, MANDIE
Address: 563 PACHMAN CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the 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: MAY BETH PRINGLE

P

02/21/2007

Electronic Signature of Signing Officer or Director

Date