

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90123 001 ****61.25

DOCUMENT # N02000007549

1. Entity Name

**SOUTH WEST FLORIDA PODS ANGELS FAMILY SUPPORT GR
OUP, INC.**



Principal Place of Business

**3422 S.E. 11TH PLACE
CAPE CORAL FL 33904-4209**

Mailing Address

**P.O. BOX 60933
FT. MYERS FL 33906-6933**

2. Principal Place of Business

1955 Maravilla Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3075628
~~46-12-113867-858~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PRINGLE, MARY B

3422 S.E. 11TH PLACE

CAPE CORAL FL 33904-4209

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Mary B Pringle

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

(NOTE: Registered Agent signature required when reinstating)

5-1-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PRINGLE, MARY B	
STREET ADDRESS	3422 S.E. 11TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904-4209	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRINGLE, CLARENCE M	
STREET ADDRESS	3422 S.E. 11TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904-4209	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, ROSE	
STREET ADDRESS	2621 N.W. 3RD PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33993	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Mary B Pringle

5-1-03

239-872-4778

CR2E037 (10/02)