

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009147

FILED  
Jul 06, 2006  
Secretary of State

**Entity Name:** ZETA YOUTH FOUNDATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

P.O. BOX 572  
FORT MYERS, FL 33902

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 572  
FORT MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 14-1856666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CURETON, GIGAIL H  
3107 EAST 6TH STREET  
LEHIGH ACRES, FL 33972 US

**Name and Address of New Registered Agent:**

STOCKNER, BARBARA A  
5061 32ND AVENUE, SW  
NAPLES, FL, FL 34116 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: BARBARA A. STOCKNER

07/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: DAVIS, LORAIN W  
Address: 1603 DELAWARE AVENUE  
City-St-Zip: FORT MYERS, FL 33916

Title: PD ( ) Delete  
Name: DEAN, JOYCE A  
Address: 40 SEMINOLE COURT  
City-St-Zip: FORT MYERS, FL 33916

Title: SD ( ) Delete  
Name: JENNINGS, CONSTANCE  
Address: 1724 PALMETTO AVENUE  
City-St-Zip: FORT MYERS, FL 33916

Title: VD (X) Delete  
Name: WILLIAMS, MARTHA T  
Address: 3035 LAFAYETTE ST  
City-St-Zip: FORT MYERS, FL 33916

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

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, MARTHA T  
Address: 3035 LAFAYETTE STREET  
City-St-Zip: FORT MYERS, FL 33916

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, KENDRA  
Address: 1170 WILDWOOD LAKES BLVD.  
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change ( ) Addition  
Name: DAVIS, LORAIN W  
Address: 1603 DELAWARE AVENUE  
City-St-Zip: FORT MYERS, FL 33916

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

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: BARBARA A. STOCKNER

PRES

07/06/2006

Electronic Signature of Signing Officer or Director

Date