

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009147

FILED
Mar 17, 2007
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:

3035 LAFAYETTE ST
FORT MYERS, FL 33916

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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STOCKNER, BARBARA A
5061 32ND AVENUE, SW
NAPLES, 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: _____

03/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: WILLIAMS, KENDRA
Address: 1170 WILDWOOD LAKES BLVD. #306
City-St-Zip: NAPLES, FL 34104

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: KENDRA WILLIAMS

PD

03/17/2007

Electronic Signature of Signing Officer or Director

Date