

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009318

FILED
Apr 29, 2005
Secretary of State

Entity Name: FAIRWINDS CHARITIES, INC.

Current Principal Place of Business:

3087 N ALAFAYA TR
ORLANDO, FL 32826TOBI N

New Principal Place of Business:

3087 N ALAFAYA TR
ORLANDO, FL 32826

Current Mailing Address:

3087 N ALAFAYA TR
ORLANDO, FL 32826

New Mailing Address:

FEI Number: 59-3765327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBIN, LARRY F
3087 N ALAFAYA TR
ORLANDO, FL 32826TOBI N

Name and Address of New Registered Agent:

TOBIN, LARRY F
3087 N ALAFAYA TR
ORLANDO, FL 32826TOBI 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:

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TISCHER, PHIL
Address: 3854 GATLIN WOOD DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: CHONODY, KATHY A
Address: 1530 MIZELL AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: GOIGEL, DIANNE
Address: 2612 RAINBOW SPRINGS LN
City-St-Zip: ORLANDO, FL 32828

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:

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: KATHY A CHONODY

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date