

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90004 015 \*\*\*\*61.25

DOCUMENT # N03000003974

1. Entity Name

VOICE OF THE FAITHFUL OF SOUTHWEST FLORIDA,  
INC.



Principal Place of Business

3200 TAMIAMI TRAIL N  
SUITE 200  
NAPLES FL 34103

Mailing Address

POST OFFICE BOX 11114  
NAPLES FL 34101



2. Principal Place of Business - No P.O. Box #

2400 KINGS LAKE BLVD

3. Mailing Address

SAME ↑

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

Naples FL

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

34112

Country

Collier

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, MARGARET  
2480 KINGS LAKE BLVD  
NAPLES FL 34112

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

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 ☐ Delete  
NAME: CLARK, MARGARET C  
STREET ADDRESS: 2480 KINGS LAKE BLVD.  
CITY-STATE-ZIP: NAPLES FL 34112

TITLE: TD ☐ Delete  
NAME: HUSHON, JOHN D  
STREET ADDRESS: 1659 CHINABERRY CT  
CITY-STATE-ZIP: NAPLES FL 34105

TITLE: D ☐ Delete  
NAME: CLARK, MARGARET  
STREET ADDRESS: 2480 KINGS LAKE BLVD  
CITY-STATE-ZIP: NAPLES FL 34112

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Hushon

3/1/2007

239  
643 6222