

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001028

FILED
Aug 15, 2005
Secretary of State

Entity Name: NEW RIVER CENTER OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

25241 ELEMENTARY WAY
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P O BOX 367315
BONITA SPRINGS, FL 34136

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

BERRY, ELIZABETH
880 COLONNADES CT WEST
418
BONITA SPRINGS, FL 34135 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TURPIN, SHARI
Address: 15700 BEACHCOMBER AVE
City-St-Zip: FT MYERS, FL 33908

Title: VP () Delete
Name: BERRY, ELIZABETH
Address: 8880 COLONNADES CT WEST, # 418
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: BERRY, JASON
Address: 8880 COLONNADES CT WEST, # 418
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: TURPIN, ZACHARIAH
Address: 15700 BEACHCOMBER AVE
City-St-Zip: FT MYERS, FL 33908

Title: D () Delete
Name: BERRY, LYLE
Address: 8880 COLONNADES CT, STE 418
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: MCGREGOR, EVERETT
Address: 3847 PINE RIDGE
City-St-Zip: HAYDEN, ID 83835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TURPIN, SHARI
Address: 28447 DEL LAGO WAY
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

Title: TD (X) Change () Addition
Name: TURPIN, ZACHARIAH
Address: 28447 DEL LAGO WAY
City-St-Zip: BONITA SPRINGS, FL 34135

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: SHARI TURPIN

PD

08/15/2005

Electronic Signature of Signing Officer or Director

Date