

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006775

FILED
Feb 07, 2005
Secretary of State

Entity Name: FLORIDA WEST SUPPORTING HANDS FOUNDATION INC.

Current Principal Place of Business:

1442 S.E 12TH TERRACE
CAPE CORAL, FL 33990

New Principal Place of Business:

2710 DEL PRADO BLVD. S.
UNIT 2-268
CAPE CORAL, FL 33904 US

Current Mailing Address:

1442 S.E 12TH TERRACE
CAPE CORAL, FL 33990

New Mailing Address:

2710 DEL PRADO BLVD. S.
UNIT 2-268
CAPE CORAL, FL 33904 US

FEI Number: 20-1345800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSEN, GARY
1442 S.E. 12TH TERRACE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

PETERSEN, GARY
2710 DEL PRADO BLVD. S.
UNIT 2-268
CAPE CORAL, FL 33904 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: GARY PETERSEN

02/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PETERSEN, GARY
Address: 1442 S.E. 12TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: V () Delete
Name: PETERSEN, CYNTHIA
Address: 1442 S.E. 12TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PETERSEN, GARY
Address: 2710 DEL PRADO BLVD. S.
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP (X) Change () Addition
Name: PETERSEN, CYNTHIA
Address: 2710 DEL PRADO BLVD. S.
City-St-Zip: CAPE CORAL, FL 33904 US

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: GARY PETERSEN

PRES

02/07/2005

Electronic Signature of Signing Officer or Director

Date