

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90121 008 ****61.25

DOCUMENT # N04536

1. Entity Name

CHAPEL OF WINDMILL VILLAGE, INC.



Principal Place of Business

% S. TRENE BROWN
196 ELBERG DR WINDMILL VILL
N. FORT MYERS FL 33903
US

Mailing Address

% S. TRENE BROWN
196 ELBERG DR WINDMILL VILL
N. FORT MYERS FL 33903
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

BROWN, S I
196 ELBURG DR W V
N FT MYERS FL 33903

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

S. Irene Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TDS ☒ Delete
NAME HUDSON, THEA
STREET ADDRESS 368 HAGUE DR
CITY-ST-ZIP N FT MYERS FL

TITLE *Clerk* ☐ Change ☒ Addition
NAME *Emelyn Milano*
STREET ADDRESS *120 Windmill Blvd.*
CITY-ST-ZIP *N. Ft. Myers FL 33903*

TITLE T ☐ Delete
NAME GRYZENHOUT, JAN
STREET ADDRESS 322 DYKE DR.
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE *Clerk* ☐ Change ☒ Addition
NAME *Barbara Thurlow*
STREET ADDRESS *256 Netherland Dr.*
CITY-ST-ZIP *N. Ft. Myers 33903*

TITLE D ☐ Delete
NAME HOOPER, FRED
STREET ADDRESS 235 LUCERNE DRIVE
CITY-ST-ZIP N. FT. MYERS FL

TITLE *Asst.* ☐ Change ☒ Addition
NAME *John A. Angelo*
STREET ADDRESS *197 Lucerne Dr*
CITY-ST-ZIP *N. Ft. Myers 33903*

TITLE AS ☐ Delete
NAME BROWN, IRENE
STREET ADDRESS 196 ELBURG DR W V
CITY-ST-ZIP N. FT. MYERS FL

TITLE *Asst* ☐ Change ☒ Addition
NAME *Mark Harrington*
STREET ADDRESS *321 Dyke Dr*
CITY-ST-ZIP *N. Ft. Myers, FL 33903*

TITLE D ☐ Delete
NAME ANDERSON, HELEN
STREET ADDRESS 205 ELBURG DR.
CITY-ST-ZIP N FT MYERS FL 33903 *Treasurer*

TITLE *V.P.* ☐ Change ☒ Addition
NAME *Mark Harrington*
STREET ADDRESS *321 Dyke Dr.*
CITY-ST-ZIP *N. Ft. Myers, FL 33903*
Asst. Treasurer

TITLE D ☒ Delete
NAME RUF, BETTY
STREET ADDRESS 9030 ARBOR DR
CITY-ST-ZIP N FT MYERS FL 33903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 419, 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:

S. Irene Brown

2-22-06

239-995-1461