



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90030 032 \*\*\*\*70.00

<b>DOCUMENT # N05000002395</b> 1. Entity Name <b>ETERNAL HOME AND WECARE OUTREACH MINISTRY, INC.</b>					
Principal Place of Business <b>3502 EDISON AVENUE FORT MYERS, FL 33916</b>				Mailing Address <b>3502 EDISON AVENUE FORT MYERS, FL 33916</b>	
2. Principal Place of Business - No P.O. Box # <b>Eternal Home</b>		3. Mailing Address <b>4231 Desoto Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05122008    Chg-NP    CR2E037 (12/06)	
City & State		City & State <b>Myers, FL</b>		4. FEI Number <b>61-1485065</b>	
Zip		Zip <b>33905</b>		Country <b>Lee</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DUCLONA, TANYA R 119 OLD BURNT STORE RD CAPE CORAL, FL 33991</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b>    Zip Code</div>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <i>Duclona Tanya</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>8/26/08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, BRAD 16984 TIMBERLAKES DRIVE FORT MYERS, FL 339085322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCLONA, TANYA 119 OLD BURNT STORE RD CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	v/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONG, DONALD F REV. 16161 SADDLEWOOD LANE CAPE CORAL, FL 339917528	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERSON, DENNIS 661 EAST SEMIOLE DR VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dustin Quaiser 7800 Drew Circle Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, ANTHONY PASTOR 3975 E MICHIGAN AVENUE FORT MYERS, FL 339054611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruce Arbo 4231 Desoto Myers, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, TRISHA 3975 E MICHIGAN AVENUE FORT MYERS, FL 339054611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cynthia Billingham 3500 Edison Ave Myers, FL 33916	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Duclona Tanya</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8/26/08</b> <small>Date</small> <small>Daytime Phone #</small>		