


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000005858</b>	
1. Entity Name <b>CALL TO ACTION OF SOUTHWEST FLORIDA, INC.</b>	

Principal Place of Business <b>20817 COUNTRY BARN DRIVE ESTERO, FL 33928 US</b>	Mailing Address <b>20817 COUNTRY BARN DRIVE ESTERO, FL 33928 US</b>
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01072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2519438</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MCNALLY, JOHN W 20817 COUNTRY BARN DRIVE ESTERO, FL 33928</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNALLY, ELLEN 20817 COUNTRY BARN DRIVE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D FRASER, JERRY 22 KANO CT FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HUTCHINS, MARGUERITE L 20173 CASTLEMAINE AVE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MCNALLY, JOHN W 20817 COUNTRY BARN DR ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUMONT, JUDY 18520 EASTSHORE DR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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:** Ellen R. McNally Ellen R. McNally 1/8/07 (239) 390-0880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #