

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005858

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** CALL TO ACTION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

20817 COUNTRY BARN DRIVE  
ESTERO, FL 33928 US

**New Principal Place of Business:**

**Current Mailing Address:**

20817 COUNTRY BARN DRIVE  
ESTERO, FL 33928 US

**New Mailing Address:**

**FEI Number:** 56-2519438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCNALLY, JOHN W  
20817 COUNTRY BARN DRIVE  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

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: P ( ) Delete  
Name: MCNALLY, ELLEN  
Address: 20817 COUNTRY BARN DRIVE  
City-St-Zip: ESTERO, FL 33928 US

Title: V/D ( ) Delete  
Name: IRVIN, JOSEPH  
Address: 1019 SW 52ND ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: T/D ( ) Delete  
Name: BEAUSOLEIL, JOSEPH  
Address: 9007 SPRINGVIEW LOOP  
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete  
Name: NOTCHINS, MARCOERITE L  
Address: 20173 CASTLE MAINE AVE  
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete  
Name: BEAUMONT, JUDY  
Address: 18520 EASTSHORE DR  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 exemption stated 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 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: ELLEN MCNALLY

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date