

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007173

FILED
Mar 06, 2012
Secretary of State

Entity Name: AFTER THE RAIN OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

2925 MONTCLAIR AVE
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 9307
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 20-3173545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, TERESA A
418 PAULCREST AVE.
LEHIGH ACRES, FL 33974 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: DIR
Name: JOHNSON, BEVERLY
Address: 2925 MONTCLAIR AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: PRES
Name: PRIGGEN, REV. MARIAH
Address: 2925 MONTCLAIR AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: TREA
Name: EDWARDS, TERESA
Address: 2925 MONTCLAIR AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: SEC
Name: PRITCHETT, LYNNE
Address: 2925 MONTCLAIR AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: VP
Name: WHETON, DAWN
Address: 2925 MONTCLAIR AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: TRUS
Name: ROBINSON, PATRICIA
Address: 2925 MONTCLAIR AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

I hereby 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 all other like empowered.

SIGNATURE: TERESA EDWARDS

TRES

03/06/2012

Electronic Signature of Signing Officer or Director

Date