2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N06000010078

Entity Name: INNER JOURNEY OF LEE COUNTY INCORPORATED

Current Principal Place of Business:

9088 SHADOW GLEN WAY
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7314
FORT MYERS, FL 339117314

New Mailing Address:

FEI Number: 94-3045503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSEMERGY, JAMES G
9088 SHADOW GLEN WAY
FORT MYERS, FL 33913 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: PT ( ) Delete
Name: ROSEMERGY, NANCY M
Address: 9088 SHADOW GLEN WAY
City-St-Zip: FORT MYERS, FL 33913

Title: CS ( ) Delete
Name: ROSEMERGY, JAMES G
Address: 9088 SHADOW GLEN WAY
City-St-Zip: FORT MYERS, FL 33913

Title: D ( ) Delete
Name: LOHR, KRISTINE DR
Address: 8710 HUNTLEIGH WAY
City-St-Zip: GERMANTOWN, TN 38138

Title: D ( ) Delete
Name: DAVENPORT, R.E.
Address: PO BOX 66
City-St-Zip: FARMVILLE, NC 27828

Title: D ( ) Delete
Name: TENNEY, MARTHA D
Address: 100 CEDAR MEADOWNS LN
City-St-Zip: CHAPEL HILL, NC 275177218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: LOHR, KRISTINE DR
Address: 3713 DELANEY FERRY RD
City-St-Zip: VERSAILLES,, KY 40483

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

Title: D (X) Change ( ) Addition
Name: TENNEY, MARTHA D
Address: 100 CEDAR MEADOWS LN
City-St-Zip: CHAPEL HILL, NC 275177218

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: NANCY M. ROSEMERGY PRES 04/24/2008

Electronic Signature of Signing Officer or Director — Date