

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000430

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** THE SPIRITUAL VOICES OF FORT MYERS INCORPORATED

**Current Principal Place of Business:**

3212 DORA ST  
FT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

3212 DORA ST  
FT MYERS, FL 33916

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

MITCHELL, INEZ  
3212 DORA ST  
FT MYERS, FL 33916      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: D                      ( ) Delete  
Name: MITCHELL, INEZ  
Address: 3212 DORA ST  
City-St-Zip: FT MYERS, FL 33916

Title: D                      ( ) Delete  
Name: HALL, FANNIE  
Address: 3767 HIGHLAND AVE  
City-St-Zip: FT MYERS, FL 33916

Title: D                      ( ) Delete  
Name: SCOTT, CASSANDRA  
Address: 10 CASTLEVAR CIR  
City-St-Zip: FT MYERS, FL 33905

Title: T                      ( ) Delete  
Name: DENSON, EVA  
Address: 3155 EDISON AVE  
City-St-Zip: FT MYERS, FL 33916

Title: S                      ( ) Delete  
Name: SMITH, DEBRA  
Address: 3266 DALE ST  
City-St-Zip: FT MYERS, FL 33916

**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: INEZ MITCHELL

OFFI

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date