

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004040

FILED
Jun 15, 2009
Secretary of State

Entity Name: JIM'S FRIENDS HELPING FRIENDS OF NORTH FT. MYERS, INC.

Current Principal Place of Business:

37400 RICKARD LANE
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

37400 RICKARD LANE
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 20-8888133 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, JAMES JR
37400 RICKARD LANE
NORTH FORT MYERS, FL 33917 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: ROBERTS, JAMES JR
Address: 37400 RICKARD LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP () Delete
Name: BRANTLEY, KRISTIN
Address: 20751 JAIME RD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SEC () Delete
Name: PERKINS, LISA
Address: 20571 BRADLEY RD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TREA () Delete
Name: SINGLETON, CARRIE
Address: 10051 BAYSHORE RD
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ROBERTS, JAMES
Address: 37400 RICKARDS LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SEC (X) Change () Addition
Name: ROBERTS, JAMES
Address: 37400 RICKARDS LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TREA (X) Change () Addition
Name: ROBERTS, JAMES
Address: 37400 RICKARDS LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

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: JAMES ROBERTS

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

Date