

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90199 012 ****70.00

DOCUMENT # N07000010931

1. Entity Name
O.S. WITH YOU FOR YOU, INC.



Principal Place of Business
**8695 COLLEGE PARKWAY, SUITE #114
FORT MYERS, FL 33919**

Mailing Address
**8695 COLLEGE PARKWAY, SUITE #114
FORT MYERS, FL 33919**



2. Principal Place of Business - No P.O. Box #
2734 Oak Ridge Court

3. Mailing Address
2734 Oak Ridge Court

02132008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
Suite #401

Suite, Apt. #, etc.
Suite #401

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
01-0893449

Applied For
Not Applicable

Zip
33901

Country
Lee

Zip
33901

Country
Lee

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GURNEY, NANCY
8695 COLLEGE PARKWAY, SUITE #114
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2734 Oak Ridge Court, Suite #401

City
Fort Myers

FL

Zip Code
33901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GURNEY, NANCY**
STREET ADDRESS **8695 COLLEGE PARKWAY, SUITE #114**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D** ☒ Delete
NAME **NORDMARK, GARY**
STREET ADDRESS **8695 COLLEGE PARKWAY, SUITE #114**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D** ☒ Delete
NAME **BALDWIN, KIM DR**
STREET ADDRESS **8695 COLLEGE PARKWAY, SUITE #114**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Gurney, Nancy**
STREET ADDRESS **2734 Oak Ridge Court, #401**
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE **D** ☐ Change ☒ Addition
NAME **Rabe, Dan**
STREET ADDRESS **2734 Oak Ridge Court, #401**
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE **D** ☐ Change ☒ Addition
NAME **Berndt, Michele**
STREET ADDRESS **2734 Oak Ridge Court, #401**
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

226-08 239-222-7905