

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010104

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** BOBBIE HOWE FOUNDATION, INC.

**Current Principal Place of Business:**

% BLAIS & PARENT, PAULSON CENTRE  
18245 PAULSON DRIVE  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

% BLAIS & PARENT, PAULSON CENTRE  
18245 PAULSON DRIVE  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

**FEI Number:** 26-3637052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILOSA, PHILIP F ESQ.  
BLAIS & PARENT, PAULSON CENTRE  
18245 PAULSON DRIVE  
PORT CHARLOTTE, FL 33954 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  
**Name:** GINDELE, TIMOTHY J  
**Address:** 3501 PALM DRIVE  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** T  
**Name:** FILOSA, PHILIP F ESQ.  
**Address:** % 18245 PAULSON DRIVE  
**City-St-Zip:** PORT CHARLOTTE, FL 33954

**Title:** S  
**Name:** TOW, JANE G  
**Address:** 2396 JASMINE WAY  
**City-St-Zip:** NORTH PORT, FL 34287

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:** PHILIP F FILOSA

T

04/17/2011

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

\_\_\_\_\_  
Date