

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011316

FILED
Apr 11, 2009
Secretary of State

Entity Name: SPANISH WELLS CARES FOUNDATION, INC.

Current Principal Place of Business:

9801 TREASURE CY LANE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

9801 TREASURE CAY LANE
BONITA SPRINGS, FL 341356810

Current Mailing Address:

9801 TREASURE CY LANE
BONITA SPRINGS, FL 34135

New Mailing Address:

28389 VERDE LANE
BONITA SPRINGS, FL 341356826

FEI Number: 26-4065965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIDER, MARTHA
28389 VERDE LANE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

CRIDER, MARTHA
28389 VERDE LANE
BONITA SPRINGS, FL 341356826 US

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:

04/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFF () Change (X) Addition
Name: CRIDER, MARTHA W CHAIR
Address: 28389 VERDE LANE
City-St-Zip: BONITA SPRINGS, FL 341356826

Title: OFF () Change (X) Addition
Name: DAMPHOUSSE, ROGER VICE CH
Address: 28496 HIGHGATE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: OFF () Change (X) Addition
Name: FISHER, VANCE TREAS
Address: 9941 ORTEGA AVENUE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: OFF () Change (X) Addition
Name: DAMPHOUSSE, MARY SECY
Address: 28496 HIGHGATE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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: MARTHA W CRIDER

OFF

04/11/2009

Electronic Signature of Signing Officer or Director

Date