

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011316

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** SPANISH WELLS CARES FOUNDATION, INC.

**Current Principal Place of Business:**

9801 TREASURE CAY LANE  
BONITA SPRINGS, FL 341356810

**New Principal Place of Business:**

**Current Mailing Address:**

28389 VERDE LANE  
BONITA SPRINGS, FL 341356826

**New Mailing Address:**

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 341356826 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: OFF  
Name: CRIDER, MARTHA W CHAIR  
Address: 28389 VERDE LANE  
City-St-Zip: BONITA SPRINGS, FL 341356826

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

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

Title: OFF  
Name: BOEGLIN, JIM SECY  
Address: 9899 EL GRECO CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34135

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: MARTHA CRIDER

OFF

02/16/2010

Electronic Signature of Signing Officer or Director

Date