


FILED
Feb 01, 2008 8:00 am
Secretary of State

| | | | |
|---|---|---|----------------|
| DOCUMENT # N17309 | |  | |
| 1. Entity Name SAWCC, INC. | | | |
| Principal Place of Business 2635 WEEKS AVENUE NAPLES, FL 34112 US 34101 | | Mailing Address P.O. BOX 10102 NAPLES, FL 34101 US | |
| 2. Principal Place of Business - No P.O. Box # CONFIDENTIAL | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip 34101 | Country US | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| FISHBANE, JONATHAN D ESQ. ROETZEL AND ANDRESS 850 PARK SHORE DRIVE NAPLES, FL 34103 | | | Name |
| | | | Street Address |
| | | | City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES JESSE, JAMES 1111 SPYGLASS LANE NAPLES, FL 34102 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECY FITCH, JOYCE 3033 RIVIERA DRIVE, SUITE 200 NAPLES, FL 34103 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SEWELL, DINA 241 CARICA ROAD NAPLES, FL 34108 | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA SHUCKHART, ALMA 3399 BINNACLE DRIVE NAPLES, FL 34108 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO CATINO, KATHY P. O. BOX 10102 NAPLES, FL 34101 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE 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 the provisions of Chapter 61, F.S., and that my signature shall have the same effect as if the information were true and accurate and that my signature shall have the same effect as if the information were true and accurate and that my signature shall have the same effect as if the information were true and accurate. | | | |
| SIGNATURE: Hanci Sanders DIRECTOR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |



ATTACHMENT

40015859

~~#~~N17809

SHELTER FOR ABUSED WOMEN & CHILDREN

"Breaking the cycle of abuse, building hope..."

28 January 2008

Mr. Sean Toner
Florida Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Document #N17309

Dear Mr. Toner:

Enclosed is the completed Annual Report form for the Shelter for Abused Women & Children in Naples, FL. Because we are a certified domestic violence shelter, we fall under FS 39.908 and cannot include our physical address on the form. Normally we would file on line, but that requires a physical address. We were notified by the Florida Coalition Against Domestic Violence that you would be able to process this renewal without a physical address.

Also enclosed is our check for \$70 since we have requested a Certificate of Status.

If you are not able to process this for us, would you please let me know. Otherwise we will assume you will handle it, and we'll be receiving our certificate in the mail.

Thank you very much for your assistance.

Sincerely,

Marci Sanders
Director of Operations
(239) 280-1350
msanders@naplesshelter.org

Enclosures