## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 01, 2008 8:00 am

DOCU! 1. Entity Nam SAWCC,						, a	02-01-2008	-		
	e of Business AVENUE CONFIDENTIAL 34112 US 3 410 /	Mailing Address P.O. BOX 10102 NAPLES, FL 341	01 US							
2. Principal P	Tace of Business - No P.O. Box #	3. Mailing Address					<b>                                       </b>			
Suite, Apt.		Suite, Apt. #, et	o.		0.	1282008	Chg-NP	CR2E	037 (12/06)	
City & Stat	9	City & State	•		4.	FEI Number 59-2752	895		<b>⊢</b>	oplied For ot Applicable
341	01 Country	Zip	Cou	intry	5.	Certificate of	of Status Desired	×	\$8.75 Add Fee Require	ditional id
	6. Name and Address of Current I	Registered Agent			7.	Name and	Address of New	Registered	Agent	
FISHRANE	E, JONATHAN D ESQ.			Name						
ROETZEL	AND ANDRESS SHORE DRIVE			Street Ad	ddress (P.O.	Box Number	r is Not Acceptab	ole)		
				City				FI	Zip Cod	le
the obligat	named entity submits this statement for ions of registered agent.	the purpose of orlang	ing its registore	00 01100 01	Togrator oo u	gont, or box	i, iii tae Sibile Si i	jonda. Tan	Turing Will	, and accopt
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signatu	ire required when	reinstating)		DATE		
SIGNATURE :	Filing Fee is \$61.25 Due by May 1, 2008	9. Election	(NOTE: Registered on Campaign F Fund Contributi	inancing	\$5	.00 May Belled to Fees		Make che	ck payable t	
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I hereby certify that the information supplied with this filing does not quality 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 of 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:

DIRECTOR OF OPERATIONS

239-280-1350



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**