

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90033 035 ****61.25

DOCUMENT # N33010 1. Entity Name HEMLOCK SOCIETY OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business % HAROLD DEIBLER 3744 SE 12TH AVE APT 108 CAPE CORAL FL 33904-4783		Mailing Address Hemlock Society of SW Florida P. O. Box 07101 Ft. Myers FL 33919	
2. Principal Place of Business Hemlock Society of SW Florida Suite, Apt. #, etc. P. O. Box 07101 City & State Ft. Myers FL 33919 Zip 33919		3. Mailing Address Hemlock Society of SW Florida Suite, Apt. #, etc. P. O. Box 07101 City & State Ft. Myers FL 33919 Zip 33919	
4. FEI Number 65-0128547		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent DEIBLER, HAROLD 3744 SE 12TH AVE APT. 103 CAPE CORAL FL 33904-4783		7. Name and Address of New Registered Agent Name Norine T. Armstrong - Treasurer Street Address (P.O. Box Number is Not Acceptable) 4500 E. Pilgrims Way City Estero FL Zip Code 33928	
8. 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: I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Norine T. Armstrong</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		Norine T. Armstrong <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 3/8/05 <small>DATE</small>		FILE NOW: FEE IS \$61.25 Due By May 1, 2005	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RINALDI, MARGUERITE 21685 SUNGATE CT ESTERO FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS FISK, NANCY 12561 COLDSTREAM DR FORT MYERS FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charlotte Blitt 5260 South Landing Drive Ft. Myers FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP BERMAN, W. I. 1721 BENT TREE CIRCLE FORT MYERS FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, ALICE 21 DOUB LOON WAY FORT MYERS BEACH FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lockey, Sandra 28062 Oak Lane Bonita Springs FL 34136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMON, CAROL 28471 LAS PALMAS CIR. BONITA SPRINGS FL 34136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DEIBLER, HAROLD 3744 SE 12TH AVE, APT. 103 CAPE CORAL FL 33904-4783 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Armstrong, Norine T. 4500 East Pilgrims Way Estero FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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: <i>Norine T. Armstrong</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Norine T. Armstrong, Treasurer 3/08/05 <small>Date Daytime Phone #</small>	