

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90181 024 ****61.25

DOCUMENT # N33010

1. Entity Name

END-OF-LIFE CHOICES OF SW FLORIDA, INC.



Principal Place of Business

HEMLOCK SOCIETY OF SW FL
P O BOX 07101
FORT MYERS FL 33919

Mailing Address

HEMLOCK SOCIETY OF SW FL
P O BOX 07101
FORT MYERS FL 33919

2. Principal Place of Business

P.O. Box 626
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 626
Suite, Apt. #, etc.

City & State

ESTERO FL

City & State

ESTERO FL

4. FEI Number

65-0128547

Applied For

Not Applicable

Zip

33928

Country

USA

Zip

33928

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, NORINE
4500 E PILGRIMS WAY
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME RINALDI, MARGUERITE
STREET ADDRESS 21685 SUNGATE CT
CITY-ST-ZIP ESTERO FL 33928 ☐ Delete

TITLE D
NAME BLITT, CHARLOTTE
STREET ADDRESS 5260 S LANDING DR
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE PP
NAME BERMAN, W. I.
STREET ADDRESS 1721 BENT TREE CIRCLE
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

TITLE D
NAME LOCKEY, SANDRA
STREET ADDRESS 28062 OAK LANE
CITY-ST-ZIP BONITA SPRINGS FL 34136 ☐ Delete

TITLE D
NAME DAMON, CAROL
STREET ADDRESS 28471 LAS PALMAS CIR.
CITY-ST-ZIP BONITA SPRINGS FL 34136 ☐ Delete

TITLE T
NAME ARMSTRONG, NORINE
STREET ADDRESS 4500 E PILGRIMS WAY
CITY-ST-ZIP ESTERO FL 33928 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Section 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 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.

4/15/06

SIGNATURE: *Norine Armstrong* NORINE ARMSTRONG TREAS. (239) 495-2543