

# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 NOV -9 PM 2:50

DOCUMENT #

N 33010

1. Entity Name

Hemlock Society of SouthWest,  
Florida, Inc.



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2. Principal Place of Business - No P.O. Box #

21685 Sunpak Court  
Suite, Apt. #, etc.

3. Mailing Address

Box 626  
Suite, Apt. #, etc.

CR2E037B (5/07)

City & State

Estero, FL

City & State

Estero, FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

33928

Country

Lee

Zip

33928

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Norine Armstrong  
Street Address (P.O. Box Number is Not Acceptable)  
4500 East Pilgrims Avenue

City

Estero

FL

Zip Code

33928

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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

Norine Armstrong

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

(NOTE: Registered agent signature required when reinstating)

DATE

11-01-07

FEE IS \$61.25  
Initial or Amended AR

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	President
NAME	Marguerite Rinaldi
STREET ADDRESS	21685 Sunpak Court
CITY-ST-ZIP	Estero, FL 33928
TITLE	Treasurer
NAME	Norine Armstrong
STREET ADDRESS	4500 East Pilgrims Avenue
CITY-ST-ZIP	Estero, FL 33928
TITLE	Director
NAME	Phyllis Sandra Lockey
STREET ADDRESS	28062 OAK LANE
CITY-ST-ZIP	Boca Raton, FL 33435
TITLE	Director
NAME	Charlotte Blitt
STREET ADDRESS	5260 South Landing Drive
CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	Director
NAME	Alice Lowe
STREET ADDRESS	21 Seabloom Way
CITY-ST-ZIP	Fort Myers Beach, FL 33931
TITLE	REPRESENTATIVE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300112132763  
11/08/07--01062--001 \*\*61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marguerite Rinaldi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-07

Date

239-495-9863

Daytime Phone #

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11-05-67

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302

Dear Madam or Sir:

I believe I have filled  
the form in its entirety. If  
not, please let me know. It  
can be reached @ 239-495-  
9863.

As to the waiver of the re-  
statement fee, neither Marie Arm-  
strong nor I am aware of receiving  
the original / second notice annual  
report.

We have considerable dif-  
ficulty with our post office  
Box through no fault of ours.

I pray all is in order.

Sincerely,

Marguerite Guildi, Pres.

PPR383

Hemlock Society of SWFL

P.O. Box 626

Estero, FL 33928

October 19, 2007

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Dear Madam or Sir -

Enclosed is a completed annual report. I was away for part of the summer & believed a completed form had been sent to you before I left.

Having been incorporated in Florida for almost 60 years, we don't want to quit now. Plus, I am also sending you a check for \$61.25.

Please call me at 239-495-9863 if needed.

Marguerite Linhardt  
President