

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N33010

1. Entity Name

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



Principal Place of Business

21685 SUNGATE COURT
ESTERO, FL 33928

Mailing Address

P.O. BOX 626
ESTERO, FL 33928

FILED
Jul 28, 2008 08:00 AM
Secretary of State



07252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0128547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, NORINE
4500 E PILGRIMS AVENUE
ESTERO, FL 33928

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$81.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RINALDI, MARGUERITE
STREET ADDRESS	21685 SUNGATE CT
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D
NAME	BLITT, CHARLOTTE
STREET ADDRESS	5260 S LANDING DR
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	T
NAME	ARMSTRONG, NORINE
STREET ADDRESS	4500 EAST PILGRIMS AVENUE
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D
NAME	LOCKEY, SANDRA REV
STREET ADDRESS	28062 OAK LANE
CITY-ST-ZIP	BONITA SPRINGS, FL 34136
TITLE	D
NAME	LOWE, ALICE
STREET ADDRESS	21 DOUBLOON WAY
CITY-ST-ZIP	FT MYERS BEACH, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/28/08-80001-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marguerite Rinaldi, Pres.

07-25-08 239-4959863