2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N33010

Entity Name: HEMLOCK SOCIETY OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

21685 SUNGATE COURT
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 626
ESTERO, FL 33928

New Mailing Address:

FEI Number: 65-0128547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMSTRONG, NORINE
4500 E PILGRIMS AVENUE
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	RINALDI, MARGUERITE	
Address:	21685 SUNGATE CT	
City-St-Zip:	ESTERO, FL 33928	
Title:	D	(X) Delete
Name:	BLITT, CHARLOTTE	
Address:	5260 S LANDING DR	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	T	( ) Delete
Name:	ARMSTRONG, NORINE	
Address:	4500 EAST PILGRIMS AVENUE	
City-St-Zip:	ESTERO, FL 33928	
Title:	D	( ) Delete
Name:	LOCKEY, SANDRA REV	
Address:	28062 OAK LANE	
City-St-Zip:	BONITA SPRINGS, FL 34136	
Title:	D	( ) Delete
Name:	LOWE, ALICE	
Address:	21 DOUBLOON WAY	
City-St-Zip:	FT MYERS BEACH, FL 33931	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGUERITE RINALDI PRES 04/18/2009

Electronic Signature of Signing Officer or Director — Date