

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N47260

1. Entity Name
CANDLELIGHTERS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**9981 S HEALTH PARK DRIVE
N/A
FORT MYERS, FL 33908-3618 US**

Mailing Address
**9981 S HEALTH PARK DRIVE
N/A
FORT MYERS, FL 33908-3618 US**



01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3104008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SNELLBAKER, KLAIR M.
15950 LAKE CANDLEWOOD DR
FT MYERS, FL 33908**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000454352
03/15/06-80012-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SANTIAGO, JANET 303 SE 19TH STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONSTANTINE, MICHAEL 17549 LEBANON RD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JANSEN, TERESA 571 KEENAN AVENUE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SNELLBAKER, KLAIR M 15950 LAKE CANDLEWOOD DR FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERTH, KEVIN 1684 MCGREGOR RESERVE DR FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHOTT, TAMMIE 12891 KEDELSTON CIRCLE FORT MYERS, FL 33912

**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: *Klaire M. Snellbaker* **Klaire M. Snellbaker** **3/1/06** **239422-2223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #