

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47260

FILED
Apr 20, 2007
Secretary of State

Entity Name: CANDLELIGHTERS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

9981 S HEALTH PARK DRIVE
N/A
FORT MYERS, FL 339083618 US

New Principal Place of Business:

Current Mailing Address:

9981 S HEALTH PARK DRIVE
N/A
FORT MYERS, FL 339083618 US

New Mailing Address:

FEI Number: 59-3104008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNELLBAKER, KLAIR M.
15950 LAKE CANDLEWOOD DR
FT MYERS, FL 33908 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: VP () Delete
Name: SANTIAGO, JANET
Address: 303 SE 19TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: PD () Delete
Name: CONSTANTINE, MICHAEL
Address: 17549 LEBANON RD
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: JANSEN, TERESA
Address: 571 KEENAN AVENUE
City-St-Zip: FORT MYERS, FL 33919

Title: C () Delete
Name: SNELLBAKER, KLAIR M
Address: 15950 LAKE CANDLEWOOD DR
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: BERTH, KEVIN
Address: 1684 MCGREGOR RESERVE DR
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: SCHOTT, TAMMIE
Address: 12891 KEDELSTON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

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: C/D (X) Change () Addition
Name: SNELLBAKER, KLAIR M
Address: 15950 LAKE CANDLEWOOD DR
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: BERTH, KAREN
Address: 1684 MCGREGOR RESERVE DR
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: BACHMAN, RACHAEL
Address: 2118 SW 12TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the 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: KLAIR M SNELLBAKER

C/D

04/20/2007

Electronic Signature of Signing Officer or Director

Date