

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47260

FILED  
Jan 16, 2009  
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: T/D ( ) Delete  
Name: JANSEN, TERESA  
Address: 571 KEENAN AVENUE  
City-St-Zip: FORT MYERS, FL 33919

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SANTIAGO, JANET  
Address: 303 SE 19TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: VP (X) Change ( ) Addition  
Name: CONSTANTINE, MICHAEL  
Address: 17549 LEBANON RD  
City-St-Zip: FORT MYERS, FL 33912

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: D (X) Change ( ) Addition  
Name: GAPP, RUTH  
Address: 11220 LONGWATER CHASE COURT  
City-St-Zip: FORT MYERS, FL 33908

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: KLAIR M SNELLBAKER

C/D

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date