


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 025 ****70.00

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|--|---|---|--|--|--|
| DOCUMENT # N92000000520 1. Entity Name INTERFAITH CAREGIVERS OF SOUTH LEE, INC. | | | |  | |
| Principal Place of Business 20300 B TRAILSIDE DR ESTERO, FL 33928 | | | Mailing Address P.O. BOX 1417 ESTERO, FL 33928 | | |
| 2. Principal Place of Business - No P.O. Box # 20658 Highlands Ave | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Estero FL | | City & State Suite, Apt. #, etc. | | | |
| Zip 33928 | | Country | | Zip Country | |
| 6. Name and Address of Current Registered Agent MARTIN, NANCY 7356 SANIBEL BLVD FORT MYERS, FL 33912 | | | | 7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) Same City Ft Myers FL Zip Code 33967 | |
| 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 <u><i>Nancy R Martin</i></u> <u><i>Nancy R Martin, Director</i></u> <u><i>5/7/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SEE, MARIANNE 17555 BOAT CLUB DR FORT MYERS, FL 33908 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MALEY, KATHY 7365 JONAS RD FORT MYERS, FL 33912 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPERL, MADELAINE 19255 CYPRESS VISTA CIRCLE FORT MYERS, FL 33912 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROBBINS-PENNIMAN, SYLVIA 21513 LANGHOLM RUN ESTERO, FL 33928 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25870 Hickory Blvd #107 Bonita Springs FL 34134 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROEDEMA, BUD 12331 WATER OAK DR. ESTERO, FL 33928 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LILA, NICHOLS 9951 ROOKERY CIR FORT MYERS, FL 33912 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Tindall, Carol 9421 Cedar Creek Dr Bonita Springs FL 34135 | |
| 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: <u><i>Nancy R Martin</i></u> <u><i>Nancy R Martin</i></u> <u><i>5/7/08</i></u> <u><i>239-992-6080</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

