

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 01, 2011
Secretary of State

DOCUMENT# N92000000520

Entity Name: INTERFAITH CAREGIVERS OF SOUTH LEE, INC.**Current Principal Place of Business:**17592 ROCKEFELLER CIRCLE
FT MYERS, FL 33967**New Principal Place of Business:****Current Mailing Address:**17592 ROCKEFELLER CIRCLE
FT MYERS, FL 33967**New Mailing Address:****FEI Number:** 65-0362473**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARTIN, NANCY
7356 SANIBEL BLVD
FORT MYERS, FL 33967 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: V
Name: SEE, MARIANNE
Address: 17555 BOAT CLUB DR
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: KRUGER, ROGER
Address: 8373 BUTTERNUT RD
City-St-Zip: FORT MYERS, FL 33967

Title: P
Name: PINNEL, ROBERT
Address: 19850 MARKWARD CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: S
Name: BONNIE, OLSON
Address: 23187 MARSH LANDING BLVD
City-St-Zip: ESTERO, FL 33928

Title: T
Name: ROEDEMA, KEMP
Address: 12331 WATER OAK DR.
City-St-Zip: ESTERO, FL 33928

Title: D
Name: LAU, GAIL
Address: 4700 PEMBROOKE LN
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: NANCY MARTIN

ED

06/01/2011

Electronic Signature of Signing Officer or Director

Date