2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002526

221 KINGSTON DR.

FT. MYERS, FL 33905

Address:

City-St-Zip:

FILED Jan 12, 2004 Secretary of State

Entity Name: FAIRWINDS INSTITUTE, INC. **Current Principal Place of Business: New Principal Place of Business:** 211 KINGSTON DR FORT MYERS, FL 33905 US **Current Mailing Address: New Mailing Address:** P.O. BOX 50758 FT MYERS, FL 33904 US FEI Number: 65-0418780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STARKS, CHARLES A 211 KINGSTON DR. FT. MYERS, FL 33905 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STARKS, CHARLES Name: Name: Address: 211 KINGSTON DR Address: City-St-Zip: FT. MYERS, FL 33905 City-St-Zip: Title: TSD () Delete Title: () Change () Addition Name: STARKS, PEGGY Name: Address: 211 KINGSTON DR. Address: City-St-Zip: FT. MYERS, FL 33905 City-St-Zip: Title: VD () Delete Title: () Change () Addition BLAIR, LENARD Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: CHARLES A. STARKS PD 01/12/2004