


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002526 1. Entity Name FAIRWINDS INSTITUTE, INC.	
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Principal Place of Business 211 KINGSTON DR FORT MYERS, FL 33905 US	Mailing Address P.O. BOX 50758 FT MYERS, FL 33904 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0418780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARKS, CHARLES A
211 KINGSTON DR.
FT. MYERS, FL 33905

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARKS, CHARLES 211 KINGSTON DR FT. MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD STARKS, PEGGY 211 KINGSTON DR. FT. MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLAIR, LENARD 221 KINGSTON DR. FT. MYERS, FL 33905
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Charles A. Starks 1/4/5 941 639 8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #