

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000002526

1. Entity Name
FAIRWINDS INSTITUTE, INC.



Principal Place of Business
**211 KINGSTON DR
FORT MYERS, FL 33905 US**

Mailing Address
**P.O. BOX 50758
FT MYERS, FL 33904 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0418780** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STARKS, CHARLES
STREET ADDRESS	211 KINGSTON DR
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	TSD
NAME	STARKS, PEGGY
STREET ADDRESS	211 KINGSTON DR.
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	VD
NAME	BLAIR, LENARD
STREET ADDRESS	221 KINGSTON DR.
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80004-022 61.25

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IN THIS SPACE**

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: Charles Starks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06 239 910 2839