

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002526

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** FAIRWINDS INSTITUTE, INC.

**Current Principal Place of Business:**

211 KINGSTON DR  
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 50758  
FT MYERS, FL 33904 US

**New Mailing Address:**

**FEI Number:** 65-0418780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STARKS, CHARLES A  
211 KINGSTON DR.  
FT. MYERS, FL 33905 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:** PD  
**Name:** STARKS, CHARLES  
**Address:** 211 KINGSTON DR  
**City-St-Zip:** FT. MYERS, FL 33905

**Title:** TSD  
**Name:** STARKS, PEGGY  
**Address:** 211 KINGSTON DR.  
**City-St-Zip:** FT. MYERS, FL 33905

**Title:** VD  
**Name:** BLAIR, LENARD  
**Address:** 221 KINGSTON DR.  
**City-St-Zip:** FT. MYERS, FL 33905

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:** CHARLES A. STARKS

PD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date