

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                                         |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N94000003814</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                        |                                                                   |
| 1. Entry Name<br><b>OUR MOTHER'S HOME OF SOUTHWEST FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>7438 CARRIER RD<br/>FORT MYERS, FL 33912</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              | Mailing Address<br><b>7438 CARRIER RD<br/>FORT MYERS, FL 33912</b>                                                                      |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              | 3. Mailing Address                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                                                                                                      | Zip                                                                                                                                     | Country                                                           |
| 4. Name and Address of Current Registered Agent<br><b>LEWIS, MARY C<br/>7438 CARRIER RD<br/>FORT MYERS, FL 33912</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              | 5. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 6. The above named entry 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 signatures required when transferring)<br>Signature, typed or printed name of registered agent and title if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                                                                         |                                                                   |
| Filing Fee is \$51.25<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | 7. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                   |
| Make check payable to:<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                                         |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PT<br>CONLEY, MICHAEL<br>2220 FAIRMOUNT COURT<br>ESTERO, FL 33928 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ST<br>FABBRO, NANCY<br>2363 UNION ST<br>FORT MYERS, FL 33901 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TT<br>FABBRO, RICHARD<br>2363 UNION ST.<br>FORT MYERS, FL 33901 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ED<br>LEWIS, MARY C<br>5857 LITTLE STONE COURT<br>NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 817, 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: <i>Mary C. Lewis</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              | <i>X4/24/04 X239-267-4663</i><br>DATE AND TYPED OR PRINTED NAME OF SECRETARY OF STATE                                                   |                                                                   |