



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90004 002 ****62.25

DOCUMENT # N94000003814 1. Entity Name OUR MOTHER'S HOME OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 7438 CARRIER RD FORT MYERS, FL 33912			Mailing Address 7438 CARRIER RD FORT MYERS, FL 33912		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0510103	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, MARY C 7438 CARRIER RD FORT MYERS, FL 33912				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature of the person or persons who change the information on this report. If the registered agent is being changed, the signature of the new registered agent is required.</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PT CONLEY, MICHAEL 2220 FAIRMOUNT COURT ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	P John Ruehl 11451 Pembrock Run Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ST FABBRO, NANCY 2363 UNION ST FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	S Dawn F. Poinsett 4544 Pinehurst Greens Court Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TT FABBRO, RICHARD 2363 UNION ST. FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	T Charles Dauray 8661 Corkscrew Road Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ED LEWIS, MARY C 5857 LITTLE STONE COURT NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	VP James Boesch 21509 Portrush Run Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	Edward E. McQuillan 20547 Wildcat Run Drive Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	Ellie Poole 20435 Wildcat Run Drive Estero, FL 33928 <input type="checkbox"/> Change <input checked="" 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)(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: <u>Mary Lewis</u> Mary Lewis, Executive Director 6/16/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					