

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003814

FILED
Jan 10, 2006
Secretary of State

Entity Name: OUR MOTHER'S HOME OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

7438 CARRIER RD
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

7438 CARRIER RD
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0510103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, MARY C
7438 CARRIER RD
FORT MYERS, FL 33912 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: P () Delete
Name: RUEHL, JOHN
Address: 11451 PEMBROCK RUN
City-St-Zip: ESTERO, FL 33928

Title: S () Delete
Name: POINSETT, SAWN F.
Address: 4544 PINEHURST GREENS COURT
City-St-Zip: ESTERO, FL 33928

Title: T () Delete
Name: DAURAY, CHARLES
Address: 8661 CORKSCREW ROAD
City-St-Zip: ESTERO, FL 33928

Title: VP () Delete
Name: BOESCH, JAMES
Address: 21509 PORTRUSH RUN
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: MCQUILLAN, EDWARD E.
Address: 20547 WILDCAT RUN DRIVE
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: POOLE, ELLIE
Address: 20435 WILDCAT RUN DRIVE
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALDERMAN, JANICE
Address: 6118 DEER RUN
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY C. LEWIS

EXD

01/10/2006

Electronic Signature of Signing Officer or Director

Date