

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

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90172 014 \*\*\*\*61.25

**DOCUMENT # N95000001500**

1. Entity Name

THE QUINTON B. AND BEVERLY H. MCNEW  
FOUNDATION, INC.



Principal Place of Business

5571 HALIFAX AVE  
FT. MYERS, FL 33912

Mailing Address

5571 HALIFAX AVE  
FT. MYERS, FL 33912

40065713



03062006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0568022

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCNEW, ELIZABETH  
5571 HALIFAX AVE  
FORT MYERS, FL 33912

*Elizabeth McNew Peters*

**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

*Elizabeth McNew Peters*

(NOTE: Registered Agent signature required when reinstating)

*04/11/2006*

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 D  
NAME MCNEW, QUINTON B  
STREET ADDRESS 5571 ~~HAVANA AVE~~ *Halifax Ave*  
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE D  
NAME MCNEW, BEVERLY H  
STREET ADDRESS 5571 ~~HAVANA AVENUE~~ *Halifax Ave.*  
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE D  
NAME INGE, RONALD E  
STREET ADDRESS 5571 ~~HAVANA AVE~~ *Halifax Ave.*  
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE D  
NAME SWOR, DORIS  
STREET ADDRESS 16621 BOBCAT COURT S.W.  
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE D  
NAME EDENFIELD, PAULA  
STREET ADDRESS 3350 N. KEY DRIVE UNIT A-804  
CITY-ST-ZIP NORTH FT. MYERS, FL 33903

TITLE D  
NAME NOLAND, JOHN A  
STREET ADDRESS 1715 MONROE STREET  
CITY-ST-ZIP FT. MYERS, FL 33901

**DO NOT WRITE  
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:

*Elizabeth McNew Peters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/11/2006*