

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90053 004 \*\*\*\*61.25

**DOCUMENT # N95000002445**

1. Entity Name  
**AIDS RESOURCE COUNCIL OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business  
**3677 CENTRAL AVENUE  
SUITE C  
FORT MYERS, FL 33901**

Mailing Address  
**3677 CENTRAL AVENUE  
SUITE C  
FORT MYERS, FL 33901 US**

**40013436**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

01072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0581985**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BOBO, ROBERT M  
6474 ROYALWOODS DR  
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent  
Name **DONNA KAYE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2133 BROADWAY**  
City **Ft. Myers** FL Zip Code **33901**

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 **Donna Kaye, V.P.** DATE **2/5/05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	T/D WILLIAMS, PERDE 2732 MICHIGAN AVENUE FORT MYERS, FL 33918 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/BOD ANGEL PIETRI 12631 WORLD PLAZA BLDG. 504 FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAYE, DONNA 2133 BROADWAY FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/BOD DONNA KAYE 2133 BROADWAY FT. MYERS, FL 33901 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATKINSON, KENDALL S III 2774 MCGREGOR BLVD FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/BOD NORMA KAY DANTBY 6710 IOLEWILD ST FT. MYERS, FL 33911 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUSHNER, STEVEN P., ESQ. 1375 JACKSON STREET FT. MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/BOD PERDE WILLIAMS 2732 MICHIGAN AVE FT. MYERS, FL 33918 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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: **Donna Kaye, V.P.** DATE **2/5/05** 239-278-4272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR