

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004275 (2)**

1. Corporation Name

**FT. MYERS INTERFAITH VOLUNTEER CAREGIVERS PROGRA
M, INC.**

Principal Place of Business

Mailing Address

**3595 BROADWAY
C/O ST. MICHAEL'S LUTHERAN CHURCH
FORT MYERS FL 33901**

**POST OFFICE BOX 2031
FT. MYERS FL 33902**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1995

3a. Date of Last Report

01/25/1996

4. FEI Number

65-0605801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANTHONY, SUSAN
1431 POINCIANA AVENUE
FORT MYERS FL 33901**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **ANTHONY, SUSAN**
STREET ADDRESS **3595 BROADWAY**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **VD** ☐ DELETE
NAME **ORAVEC, MAUREEN**
STREET ADDRESS **3595 BROADWAY**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **SD** ☐ DELETE
NAME **SINATRA, ARLINE**
STREET ADDRESS **3595 BROADWAY**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **Y** ☐ DELETE
NAME **PUCKETT, BARBARA**
STREET ADDRESS **3595 BROADWAY**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **D** ☐ DELETE
NAME **TERRELL, RAY**
STREET ADDRESS **3595 BROADWAY**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **Diane Pastor**
3.4 CITY-ST-ZIP **3595 Broadway**
Ft. Myers, FL 33901

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED

CR2E037 (4/97)