

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90553 020 ****61.25

DOCUMENT # N95000004275

1. Entity Name
**FAITH IN ACTION CARING FOR THE ELDERLY OF
SOUTHWEST FLORIDA, INC.**



Principal Place of Business
**3595 BROADWAY
C/O ST. MICHAEL'S LUTHERAN CHURCH
FORT MYERS, FL 33901**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0605801

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORANGE, MAUREEN V
7358 LAKE DR.
FORT MYERS, FL 33908**

Name

Oravec, Maureen V

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 PD
NAME ZHENDER, PASTOR JON **zehrder** ☐ Delete
STREET ADDRESS 3595 BROADWAY
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE **D) E. James Mills - Prncmsfs** ☐ Change ☒ Addition
NAME **5746 Reims Place**
STREET ADDRESS **Fort Myers, FL 33916**
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DILLMAN, RON
STREET ADDRESS 4604 FLAGSHIP DR., #301
CITY-ST-ZIP FT MYERS, FL 33919

TITLE **D) Nancy Metz** ☐ Change ☒ Addition
NAME **925 SW 52nd St**
STREET ADDRESS **Cape Coral, FL 33914**
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME ROACH, MICHAEL
STREET ADDRESS 1342 COLONIAL BLVD., STE K-120
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE **D) Ed & Sue Christenbury** ☐ Change ☒ Addition
NAME **8904 Dartmoor Way**
STREET ADDRESS **Fort Myers FL 33908**
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GUIGON, DOROTHY
STREET ADDRESS 8301 GLENFINNAN CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE **D) Hal Abelson** ☐ Change ☒ Addition
NAME **3490 N. Key Dr Apt 308c**
STREET ADDRESS **No. Fort Myers, FL 33903**
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME GEIGER, MARIAN
STREET ADDRESS 1386 BURTWOOD DR.
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KRAMER, HELENE
STREET ADDRESS 9470 HEALTHPARK CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Maureen V Oravec Maureen V. Oravec** **4/13/04** **239936-4544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #