

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004275

FILED  
Apr 10, 2006  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

C/O COMMUNITY COOPERATIVE MINISTRIES, INC.  
3429 DR. MARTIN LUTHER KING, JR. BLVD.  
FORT MYERS, FL 33916

## Current Mailing Address:

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

## New Mailing Address:

C/O COMMUNITY COOPERATIVE MINISTRIES, INC.  
P.O. BOX 2143  
FORT MYERS, FL 33902

**FEI Number:** 65-0605801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

## Name and Address of Current Registered Agent:

ORAVEC, MAUREEN V  
7358 LAKE DR.  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

OWEN, SARAH  
C/O COMMUNITY COOPERATIVE MINISTRIES, INC  
3429 DR. MARTIN LUTHER KING, JR. BLVD.  
FORT MYERS, FL 33916 US

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: SARAH OWEN

04/10/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ZEHNDER, PASTOR JON  
Address: 3595 BROADWAY  
City-St-Zip: FORT MYERS, FL 33901

Title: VD ( ) Delete  
Name: DILLMAN, RON  
Address: 4240 STEAMBOAT BEND #205  
City-St-Zip: FT MYERS, FL 33919

Title: TD ( ) Delete  
Name: ROACH, MICHAEL  
Address: 1342 COLONIAL BLVD., STE K-120  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: ABELSO, HAL  
Address: 3490 N KEY DR #D308 C  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: METZ, NANCY  
Address: 925 SW 52ND ST.  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: MILLS - PRICE, E JAMES  
Address: 5746 REIMS PLACE  
City-St-Zip: FORT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: CHRISTENBURY, SUZANNE B  
Address: 8904 DARTMOOR WAY  
City-St-Zip: FT MYERS, FL 33908

Title: D (X) Change ( ) Addition  
Name: CHRISTENBURY, EDWARD S  
Address: 8904 DARTMOOR WAY  
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change ( ) Addition  
Name: MORRISON, LUANNE K  
Address: 1613 RICARDO AVENUE  
City-St-Zip: FORT MYERS, FL 33901

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

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: PASTOR JON ZENHDER

PD

04/10/2006

Electronic Signature of Signing Officer or Director

Date