

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91052 042 \*\*\*\*61.25

**DOCUMENT # N95000004275**

1. Entity Name

**INTERFAITH VOLUNTEER CAREGIVERS OF SOUTHWEST FLO  
RIDA, INC.**



Principal Place of Business

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

Mailing Address

**P.O. BOX 2070  
FT. MYERS FL 33902**

**10040359**



2. Principal Place of Business

3. Mailing Address

**3595 Broadway  
Suite, Apt. #, etc.  
c/o St. Michael's Lutheran Church  
City & State  
FT MYERS, FL**

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

**33901**

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0605801**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Maureen V. Oravec**  
Street Address (P.O. Box Number is Not Acceptable)  
**7358 Lake Drive**  
City **Port Myers** FL Zip Code **33908**

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

**Maureen Oravec, Program Director**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>ZHENDER, PASTOR JON</b>	
STREET ADDRESS	<b>3595 BROADWAY</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>DILLMAN, RON</b>	
STREET ADDRESS	<b>4604 FLAGSHIP DR., #301</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	<b>ROACH, MICHAEL</b>	
STREET ADDRESS	<b>1342 COLONIAL BLVD., STE K-120</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>ORAVEC, MAUREEN</b>	
STREET ADDRESS	<b>THE PALMS-2674 WINKLER AVE.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>GEIGER, MARIAN</b>	
STREET ADDRESS	<b>1366 BURTWOOD DR.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33901</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>Dorothy Guigon</b>	
STREET ADDRESS	<b>8301 Glenfinnan Circle</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 33912</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>[Signature]</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rick McCormack</b>	
STREET ADDRESS	<b>4100 Centerpoint Dr Suite 106</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 33916</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Helene Kramer</b>	
STREET ADDRESS	<b>9551 Cypress Ln</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 33912</b>	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

**SIGNATURE REQUIRED**

**3/7/03**

CR2E037 (10/02)