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

DOCUMENT # N9600000626

1. Entity Name

ชี่ 39<u>05</u>

WELLWISHERS OF GULF COAST CENTER, INC.



FILED May 29, 2003 8:00 am Secretary of State

05-29-2003 90139 014 ****61.25

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2. Principal Place of Business
Gulf Coast Center
Suite, Apt. #, etc.

5820 Buckingham Rd.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

3. Mailing Address
5820 Buckingham Rd.

Suite, Apt. #, etc.

City & State
Fort Myers, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number | Applied For | Not Applicable |

5. Cartificate of Status Pooised | \$8.75 Additional |

Fee Required

Sip 9 0 5. Certificate of Status Desired

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name LEE B. DOWNS

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

9705 BAYCREST COURT
City LEHIGH ACRES FL 33936

8.	The above named entity subm	nits tais statement for the purpose of cha	anging its registered office or registered agent, or	both, in the state of Florida. I	am familiar with, and accept
	the obligations of registered a	agent.			
	,			to at a transmission of the	
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Sic	SNATURÉ	100000	<u> </u>		
	Signature, typed or rinte	ed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	D	ATE
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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

OFFICERS AND DIRECTORS 10. CR2E037B (12/02) TITLE TITLE LEE B. DOWNS NAME NAME P.O. Box 1870 Lehigh Acres, FL 33970 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VPROBERT WILLIAMS TITLE TITLE NAME NAME 14 708 TRIPLE EAGLE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY*ST-ZIP TITLE ffTI f MARCI GREENE NAME NAME FORT MYERS, FL 33965-6565 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeeb Worm

s report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an