

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005647

FILED
Apr 23, 2005
Secretary of State

Entity Name: PARTNERS IN SELF-SUFFICIENCY OF LEE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

1700 MEDICAL LANE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1700 MEDICAL LANE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0713476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERAGHTY, PATRICK E
2069 FIRST ST
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MELLONE, LONG
Address: P.O. BOX 2217
City-St-Zip: FORT MYERS, FL 33902

Title: VP () Delete
Name: ROGER, MERCADO JR
Address: 83 PONDELLA ROAD
City-St-Zip: N FORT MYERS, FL 33903

Title: PD () Delete
Name: HILL, CELIA
Address: 3406 PALM BEACH BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: MARCY, SHAW L
Address: 4427 S.E. 16TH PL, SUITE 2
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: GREGORY, JONES
Address: 1685 MEDICAL LANE
City-St-Zip: FORT MYERS, FL 33907

Title: T () Delete
Name: CARLA, DURAND
Address: 7091 COLLEGE PARKWAY, SUITE 16
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: ERICKA COUSLEY

D

04/23/2005

Electronic Signature of Signing Officer or Director

Date