

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005647

FILED  
Apr 02, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1400 COLONIAL BLVD  
SUITE 23  
FORT MYERS, FL 33907

**New Principal Place of Business:**

1700 MEDICAL LN  
FORT MYERS, FL 33907

**Current Mailing Address:**

1400 COLONIAL BLVD  
SUITE 23  
FORT MYERS, FL 33907

**New Mailing Address:**

1700 MEDICAL LN  
FORT MYERS, FL 33907

**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  
2075 WEST FIRST ST  
SUITE 100  
FT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

NEWELL, DEBRA A  
1700 MEDICAL LN  
FT MYERS, FL 33907 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: DEBRA NEWELL

04/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MERCADO, ROGER JR  
Address: 33 PATIO DE LEON  
City-St-Zip: FORT MYERS, FL 33901

Title: DT ( ) Delete  
Name: CURRY, ORV  
Address: P.O. BOX 61492  
City-St-Zip: FORT MYERS, FL 33906

Title: VD ( ) Delete  
Name: SHAW, MARCY L  
Address: 2735 SANTA BARBARA BLVD #201  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: MORGAN, FREDERICK  
Address: P.O. BOX 61915  
City-St-Zip: FORT MYERS, FL 33906

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CURRY, ORV  
Address: P O BOX 61492  
City-St-Zip: FORT MYERS, FL 33906

Title: DT (X) Change ( ) Addition  
Name: NEWELL, DEBRA A  
Address: 9390 TRIANA TER  
City-St-Zip: FORT MYERS, FL 33912

Title: VD (X) Change ( ) Addition  
Name: DUFFUS, LEE  
Address: 1700 MEDICAL LN  
City-St-Zip: FORT MYERS, FL 33907

Title: DS (X) Change ( ) Addition  
Name: HURLEY, CHRISTINE  
Address: 1700 MEDICAL LN  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA NEWELL

DT

04/02/2008

Electronic Signature of Signing Officer or Director

Date