


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90026 045 ****61.25

DOCUMENT # N97000002434 1. Entity Name VETERAN'S MIDPOINT MEMORIAL CHARITABLE TRUST, INC.					
Principal Place of Business 4812 CAPE CORAL ST CAPE CORAL, FL 33904			Mailing Address P O BOX 153020 CAPE CORAL, FL 33915		
2. Principal Place of Business 875 SE 47 Ter #3		3. Mailing Address 875 SE 47th Terr #3			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cape Coral, FL 33904		City & State Cape Coral, FL 339		4. FEI Number 65-0797931	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent BRADEN, BERNICE 1730 SANDY CIRCLE #112 CAPE CORAL, FL 33904	
City & State		City & State		7. Name and Address of New Registered Agent Name Miles, Lynn Street Address (P.O. Box Number is Not Acceptable) 875 SE 47th Terr #3 City Cape Coral FL Zip Code 33904	
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 <i>Lynn M Miles</i> <i>Lynn M. Miles</i> <i>1/6/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, DARYL		NAME		
STREET ADDRESS	5936 LITTLESTONE CT		STREET ADDRESS		
CITY-ST-ZIP	NORTH FT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNY, TIMOTHY		NAME		
STREET ADDRESS	206 SW 42ND ST		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWLER, JUDY		NAME		
STREET ADDRESS	3801 SE 17TH AVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADEN, BERNICE		NAME		
STREET ADDRESS	1730 SANDY CIRCLE #112		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILES, LYNN M		NAME		
STREET ADDRESS	875 SE 47TH TERRACE #3		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemptions contained 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 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: <i>Lynn M Miles</i> <i>1/6/06</i> <i>(239) 542-8888</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					