


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003176 1. Entity Name THE SOUTHWEST FLORIDA CHAPTER OF THE NATIONAL STROKE ASSOCIATION, INC.	
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Principal Place of Business 765 SUNSET VISTA DRIVE FORT MYERS, FL 33919	Mailing Address 765 SUNSET VISTA DRIVE FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE

03122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0755926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMAS, LOWELL F 765 SUNSET VISTA DRIVE FORT MYERS, FL 33919	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, LOWELL F 765 SUNSET VISTA DR. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMAS, RUTH E 765 SUNSET VISTA DR. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WISE, KAREN H 2776 CLEVELAND AVE., RM. 7130 FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINCH, STACIA M 9693 GALLEY CT. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENRY, MERLE F 6258 PRESIDENTIAL CT. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000315579
04/19/05-80041-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE: <u>Lowell F. Thomas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>14/14/05</u>	Daytime Phone #: <u>289.433.5218</u>
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