2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003176

1. Entity Name
THE SOUTHWEST FLORDIA CHAPTER OF THE NATIONAL STROKE ASSOCIATION, INC.

Principal Place of Business
765 SUNSET VISTA DRIVE
FORT MYERS, FL 33919

Mailing Address
765 SUNSET VISTA DRIVE
FORT MYERS, FL 33919

02062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 65-0755926 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, LOWELL F
765 SUNSET VISTA DRIVE
FORT MYERS, FL 33919

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMAS, LOWELL F
STREET ADDRESS	765 SUNSET VISTA DR.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	DS
NAME	THOMAS, RUTH E
STREET ADDRESS	765 SUNSET VISTA DR.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	DV
NAME	WISE, KAREN H
STREET ADDRESS	2776 CLEVELAND AVE., RM. 7130
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	D
NAME	FINCH, STACIA M
STREET ADDRESS	9693 GALLEY CT.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	DT
NAME	HENRY, MERLE F
STREET ADDRESS	6258 PRESIDENTIAL CT.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000427797
02/21/06-80021-029 61.25

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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: Merle F. Henry Treasurer Merle F. Henry 2-6-06 (239) 481-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #