

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004127

1. Entity Name
THE INDIANA SOCIETY OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
1056 DIAMOND LAKE CIR.
NAPLES, FL 34114

Mailing Address
1056 DIAMOND LAKE CIR.
NAPLES, FL 34114



03102004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3527338
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRAUSS, JEROME M
1056 DAIMOND LAKE CIR.
NAPLES, FL 34114

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IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME STRAUSS, JEROME M
STREET ADDRESS 1056 DIAMOND LAKE CIRCLE
CITY-ST-ZIP NAPLES, FL 34114

TITLE D
NAME MEYERS, HARRY E
STREET ADDRESS 103 CLUBHOUSE DRIVE #352
CITY-ST-ZIP NAPLES, FL 34105

TITLE D
NAME STRAUSS, SUSAN J
STREET ADDRESS 1056 DIAMOND LAKE CIR.
CITY-ST-ZIP NAPLES, FL 34114

TITLE D
NAME GRAVES, BEGGY
STREET ADDRESS 1082CAMELOT CIRCLE
CITY-ST-ZIP NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: Jerome M. Strauss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2004 (239) 293-8661