

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90047 023 ****61.25

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**

50010177



01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Graves, Peggy
1082 Camelot Circle
Naples, FL 34119** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-05 (23A) 293-8661