


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000004127</b> 1. Entity Name <b>THE INDIANA SOCIETY OF SOUTHWEST FLORIDA, INC.</b>	
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Principal Place of Business <b>1056 DIAMOND LAKE CIR. NAPLES, FL 34114</b>	Mailing Address <b>1056 DIAMOND LAKE CIR. NAPLES, FL 34114</b>
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01242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3527338</b>	Applied For <input type="checkbox"/> Not Applicable
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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**

**DO NOT WRITE  
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 renewing) 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 NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, JEROME M 1056 DIAMOND LAKE CIRCLE NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERS, HARRY E 103 CLUBHOUSE DRIVE #352 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, SUSAN J 1056 DIAMOND LAKE CIR. NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, PEGGY 1082 CAMELOT CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000420429  
02/15/06-80055-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 24, 06* (239) 293-8061  
Date Daytime Phone #