

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90165 047 ****61.25

DOCUMENT # N98000004127

1. Entity Name

THE INDIANA SOCIETY OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

~~5129 CASTELLO DRIVE #1~~ **1056 Diamond Lake Cir.**
~~NAPLES FL 34108~~ **34114**

Mailing Address

1056 Diamond Lake Cir.
~~5129 CASTELLO DRIVE #1~~
~~NAPLES FL 34108~~ **34114**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRAUSS, JEROME M

~~5129 CASTELLO DRIVE #1~~ **1056 Diamond Lake Cir.**
~~NAPLES FL 34108~~ **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

FILE NOW: **FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Delete
NAME RICE, ADELE D
STREET ADDRESS 3430 GULFSHORE BLVD. N. #4-A **Deceased**
CITY-ST-ZIP NAPLES FL 34103

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

TITLE ☐ Delete
NAME Strauss, Susan J.
STREET ADDRESS 1056 Diamond Lake Cir.
CITY-ST-ZIP Naples, FL 34114

TITLE ☐ Delete
NAME ~~BERRY~~ GRAVES, Peggy
STREET ADDRESS 1082 Camelot Circle
CITY-ST-ZIP Naples, FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

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 REQUIRED

April 24 '03 2392329007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

0053084