2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 19, 2004 08:00 AM DOCUMENT # N9900000096 **Secretary of State** 1. Entity Name FORT MYERS MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC. Principal Place of Business Mailing Address IONA HOUSE, CALUSA NATURE CENTER 2755 PROVIDORE ORTIZ AVENUE FORT MYERS FL FORT MYERS FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0607361 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBBER, ALBERT F Street Address (P.O. Box Number is Not Acceptable) 335 NAUTILUS COURT FORT MYERS FL 33908 City 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete DEED ☐ Change ☐ Addition DENEVERS, ANN U00000058154 NAME NAME 02/20/04-80018-013 61.25 9840 LAKE FAIRWAYS STREET ADDRESS STREET ADDRESS NORTH FORT MYERS FL 33903 CITY - ST - ZE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition BUTLER, LARRY \$ NAME 2755 PROVIDENCE STREET STREET ADDRESS STREET ADDRESS FORT MYERS FL 33916 CITY-ST-2IP CITY-ST-ZIP ח ☐ Delete T)71 F ☐ Change ☐ Addition WEBBER, ALBERT F NAME 335 NAUTILUS COURT STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 CITY-ST-ZIF CITY - ST-ZIP THEF ☐ Delete TITLE ☐ Change ☐ Addition WHITE, THERRON NAME MAME 5660 GRILLET ROAD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DEWITT, ELIZABETH NAME NAME 15231 SAM SNEAD LANE STREET ADDRESS STREET ADDRESS NORTH FORT MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITS F ☐ Change ☐ Addition STANLEY, PHYLLIS NAME NAME 10 BETH STACES BLVD APT 114 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33936

FILED

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.

CITY-ST-ZIP

CITY-ST-ZIP

EXT F. WEDDER Z-16-04