

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000000096 1. Entity Name FORT MYERS MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.						FILED 05 NOV 17 PM 3:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business IONA HOUSE, CALUSA NATURE CENTER ORTIZ AVENUE FORT MYERS, FL				Mailing Address 2755 PROVIDORE FORT MYERS, FL 33916			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O N. FENNEL Suite, Apt. #, etc. 52 FENNY BOSK TRAIL		 REINSTATEMENT 2005 REIN-NO: CP2E099 6/04			
City & State VENUS, FL		City & State VENUS, FL		4. FEI Number 65-0607361		Applied For <input type="checkbox"/> Not Applicable	
Zip 33960		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEBBER, ALBERT F 335 NAUTILUS COURT FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DENEVERS, ANN 9840 LAKE FAIRWAYS NORTH FORT MYERS, FL 33903			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061512398 11/17/05--01030--012 **236.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUTLER, LARRY S 2755 PROVIDENCE STREET FORT MYERS, FL 33916			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEBBER, ALBERT F 335 NAUTILUS COURT FORT MYERS, FL 33908			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WHITE, THERON 5660 GRILLET ROAD FORT MYERS, FL 33919			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEWITT, ELIZABETH 15231 SAM SNEAD LANE NORTH FORT MYERS, FL 33917			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STANLEY, PHYLLIS 10 BETH STACES BLVD APT 114 LEHIGH ACRES, FL 33936			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/7/05 (239) 466-3890 <small>Date Daytime Phone #</small>			