

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90012 045 ****61.25

DOCUMENT # N99000000096 1. Entity Name FORT MYERS MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.					
Principal Place of Business IONA HOUSE, CALUSA NATURE CENTER ORTIZ AVENUE FORT MYERS, FL			Mailing Address C/O N. FENNELL 52 FENNY BOSK TRAIL VENUS, FL 33960		
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 65-0607361	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEBBER, ALBERT F 335 NAUTILUS COURT FORT MYERS, FL 33908			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 _____ (NOTE: Registered Agent signature required when resigning) 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	
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 DENEVERS, ANN 9840 LAKE FAIRWAYS NORTH FORT MYERS, FL 33903 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY FENNELL 52 FENNY BOSK TRAIL VENUS, FL 33960 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, LARRY S 2755 PROVIDENCE STREET FORT MYERS, FL 33916 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY HOWELL 1728 LAKEVIEW BVD N. FT. MYERS, FL 33903 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, ALBERT F 335 NAUTILUS COURT FORT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, THERRON 5660 GRILLET ROAD FORT MYERS, FL 33919 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANK FAY 431 VAN BUREN ST., E-2 FT. MYERS, FL 33916 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWITT, ELIZABETH 15231 SAM SNEAD LANE NORTH FORT MYERS, FL 33917 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID FRENCH 2030 EMBARCADERO WAY FT. MYERS, FL 33917 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, PHYLLIS 10 BETH STACES BLVD APT 114 LEHIGH ACRES, FL 33936 ☐ Delete	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 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 <u>Nancy Fennell</u> NANCY FENNELL 2/27/2006 863-699-1276 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					