


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0607361	Applied For <input type="checkbox"/> Not Applicable
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
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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


Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FENNELL, NANCY 52 FENNY BOSK TRAIL VENUS, FL 33960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWELL, NANCY 1728 LAKEVIEW BLVD NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBBER, ALBERT F 335 NAUTILUS COURT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRENCH, DAVID 2030 EMBARCADERO WAY NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANLEY, PHYLLIS 10 BETH STACES BLVD APT 114 LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/20/08-80012-004 61.25

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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

Nancy L. Fennell
62 Fenny Bosk Trail
Venus, FL 33960

4-21-2008 **863-699-1276**
Date Daytime Phone #