

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000096

FILED  
Feb 24, 2010  
Secretary of State

**Entity Name:** FORT MYERS MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.

**Current Principal Place of Business:**

IONA HOUSE, CALUSA NATURE CENTER  
ORTIZ AVENUE  
FORT MYERS, FL US

**New Principal Place of Business:**

IONA HOUSE, CALUSA NATURE CENTER  
ORTIZ AVENUE  
FORT MYERS, FL 33905 US

**Current Mailing Address:**

C/O N. FENNELL  
52 FENNY BOSK TRAIL  
VENUS, FL 33960 US

**New Mailing Address:**

**FEI Number:** 65-0607361      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBBER, ALBERT F  
335 NAUTILUS COURT  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

FENNELL, THOMAS D  
52 FENNY BOSK TRAIL  
VENUS, FL 33960 US

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.

SIGNATURE: THOMAS DUDLEY FENNELL

02/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FENNELL, NANCY  
Address: 52 FENNY BOSK TRAIL  
City-St-Zip: VENUS, FL 33960 US

Title: D  
Name: HOWELL, NANCY  
Address: 1728 LAKEVIEW BLVD  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: D  
Name: BOTH, JEANETTE  
Address: 2135 OXFORD RIDGE CIRCLE  
City-St-Zip: LEHIGH ACRES, FL 33973 US

Title: D  
Name: BENDER, WARREN  
Address: 10023 MAGNOLIA BEND  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D  
Name: STANLEY, PHYLLIS  
Address: 10 BETH STACES BLVD APT 114  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: D  
Name: WELLS, WILLIAM  
Address: 5005 KINGSTON WAY  
City-St-Zip: NAPLES, FL 33962 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY HOWELL

D

02/24/2010

Electronic Signature of Signing Officer or Director

Date