

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90142 002 ****61.25

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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

**9840 LAKE FAIRWAY
NORTH FORT MYERS FL 33903**

2. Principal Place of Business

3. Mailing Address

2755 PROVIDENCE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS, FL 33916

Zip

Country

Zip

Country

33916

USA

4. FEI Number **65-0607361**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Anna M. de Veneris
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-03

FILE NOW: FEE IS \$61.25

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 **D** ☐ Delete
NAME **DENEVERS, ANN**
STREET ADDRESS **9840 LAKE FAIRWAYS**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **D** ☐ Change ☒ Addition
NAME **PHYLLIS STANLEY**
STREET ADDRESS **10 BETH STACEY BLVD, APT 114**
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE **D** ☐ Delete
NAME **BUTLER, LARRY S**
STREET ADDRESS **2755 PROVIDENCE STREET**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WEBBER, ALBERT F**
STREET ADDRESS **335 NAUTILUS COURT**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WHITE, THERON**
STREET ADDRESS **5660 GRILLET ROAD**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DEWITT, ELIZABETH**
STREET ADDRESS **15231 SAM SNEAD LANE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FENNELL, THOMAS D**
STREET ADDRESS **52 FENNY BOSK TRAIL**
CITY-ST-ZIP **VENUS FL 33960**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Anna M. de Veneris
Signature

3-9-03

CR2E037 (10/02)