2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 15, 2004 8:00 am **Secretary of State DOCUMENT # N99000002074** 03-15-2004 90086 020 ****61.25 DIRECTORS OF VOLUNTEER SERVICES OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 3410 PALM BEACH BLVD PO BOX 1411 9406020-FORT MYERS, FL 33902 FORT MYERS, FL 33916 3. Mailing Address P. D. BOX 2. Principal Place of Business 3075 SANIBEL Suite, Apt. #, etc. 03112004 Chg-NP CR2E037 (10/03) City & State Applied For 4. FEI Number 65-0907574 FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Z ARETH SISSON, EVE 3410 PALM BEACH BLVD FORT MYERS, FL 33916 SANIBEL 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 TREASURER ELIZABETH GRIMM 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DVP TITLE TITLE Change ☐ Addition Delete RORER, MERYL NAME NAME JOAN WILLOUGHBY STREET ADDRESS 3600 EVANS AVE STREET ADDRESS 1771 EVANS AVE, FT MYERS, FL 33901 C!TY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP TITLE Delete TITLE Change Addition RYSTAL BARTLETT NAME GRIMM, LIBBY NAME 3600 EVANS AVE. STREET ADDRESS PO BOX 1580 STREET ADDRESS CITY-ST-ZIP SANIBEL, FL 33957 CITY-ST-ZIP FT. MYERS, FL 33901 TITLE DT X Change ☐ Addition Delete TITLE ELIZABETH GRIMM SISSON, EVE NAME NAME 3075 SANIBEL- CAPTIVA ROAD STREET ADDRESS 3410 PALM BEACH BLVD STREET ADDRESS 33957 SANIBEL FL CITY-ST-ZIP FT MYERS, FL 33916 CITY-ST-ZIP DP. TITLE nne Delete Change Addition_ DONLAN, JUDITH NAME NAME MERYL RORER STREET ADORESS 2350 MCGREGOR BLVD STREET ADDRESS 3600 EVANS AVE. 33901 FT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-ZIP MYERS BILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITE ППЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered. and that my name appears in Block 10 or Block 11 if 239 -

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