

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002074

1. Entity Name
**DIRECTORS OF VOLUNTEER SERVICES OF
SOUTHWEST FLORIDA, INC.**



Principal Place of Business Mailing Address

**3075 SANIBEL-CAPTIVA RD
SANIBEL, FL 33957** **PO BOX 111
SANIBEL, FL 33957**



02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0907574	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

**GRIMM, ELIZABETH
3075 SANIBEL-CAPTIVA RD
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000216530 02/05/05-80052-021 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP WILLOUGHBY, JOAN 1771 EVANS AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS BARTLETT, CRYSTAL 3600 EVANS AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GRIMM, ELIZABETH 3075 SANIBEL-CAPTIVA RD SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP RORER, MERYL 3600 EVANS AVE FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Elizabeth Grimm* **ELIZABETH GRIMM** **Feb. 2, 2005** **239-395-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **2233**