FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 735077

(0)

SOUTI	HWEST FLORIDA COMMUNI	ty foundation, inc	C.		
Principal Place	e of Business	Mailing Address		T FROM IN BOOD DIVID I GIANT ORDIN FO	VIL HOOL OHDER DINIE DIDIE REBIT OKNEY NINET INDE
2373 WEST FIRST ST. PO BOX 9326 P.O. BOX 9326 FT. MYERS FL 33902 FT. MYERS FL 33901 US					
US				3. Date Incorporated or Qualified 03/01/1976	3a. Date of Last Report 04/19/1995
2. Principal Pl	lace of Business	2a. Mailing Address 26		4. FEI Number 59-6580974	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State	······································	Election Campaign Financing Twelf Fund Contribution	\$5.00 May Be
Zip 24	Country 25	7ip	Country 30	Trust Fund Contribution 8. This corporation has liability fo	r intangible tax under s. 199.032,
, ~ -]	9. Name and Address of Curren		30]	Florida Statutes 10. Name and Address of New	Yes No
			81 Name	To. Maine and Address of New	negistered Agent
SMOOT, J. TOM JR. 1242 FLORIDA AVE.			82 Street	Address (P.O. Box Number is Not Accepta	able)
	RS FL 33901		83		
			84 City		FL 85 Zip Code
11. Pursuant or register	to the provisions of Sections 617,0502 red agent, or both, in the State of Floric	and 617.1508, Florida Statute la. Such change was authorize	s, the above-named co d by the corporation's	orporation submits this statement for the px board of directors. I hereby accept the app	Prose of changing its registered office pointment as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of registered agent : OFFICERS AND		E: Registered Agent signature r		DATE
Title	V	DELETE	13.		FICERS AND DIRECTORS IN 12
NAME	SHEPPARD, JOHN W	Doccert	1.2 NAME	P	X Change ☐ Addition
STREET ADDRESS	1426 SANDRA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL				
TITLE	P	™ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	v	☐ Change ☐ Addition
NAME	robinson, david G.		2 2 NAME	James Nathan	change
STREET ADDRESS	5668 JEREZ COURT		2 3 STREET ADDRESS	3333 Hibiscus Drive	
CITY-ST-ZIP	FT. MYERS FL		2. 4 CITY - ST - ZIP	Ft. Myers, FL 33901	
TITLE	ŠŤ	DELETE	3.1 TITLE	10. 19018/ 11 33301	Change Addition
NAME	BARRETT, THOMAS E		3.2 NAME		
STREET ADDRESS	1900 VIRGINIA AVE #1303		3 3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		34. CITY-ST-ZIP		
THLE	D	DELETE	4.1 THLE		☐ Change ☐ Addition
NAME	BENNETT, SUSAN		4. 2 NAME		
STREET ADDRESS	3867 MCGREGOR BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
THEE	D	DELETE	5.1 TITLE		Change Addition
NAME	BECKETT, JOHN T.		5.2 NAME		
STREET ADDRESS	2925 CORTEZ BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	61 TITLE	D	Change
NAME	EDWARDS, FRIEDA C.		62 NAME	Gene Solomon	ļ
STREET ADDRESS	1910 VIRGINIA AVE, STE B203		6.3 STREET ADDRESS	1342 Colonial Blvd.	

CITY-ST-ZIP FT MYERS FL

6.4 CITY-ST-ZIP Ft. Myers, FL 33907

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes I further certify 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/2/96

FILED

Secretary of State

Apr 08 1996 8:00 am

941-334-0377