FILE NU... FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 24 1998 8:00am
Secretary of State

DOCUMENT # 735077 (0)

1. Corporation Name

SOUTHWEST FLORIDA COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
2379 WEST FIRST ST. P.O. BOX 9326 FT. MYERS FL 33901 US	PO BOX 9326 FT. MYERS FL 33902 US

3. Date Incorporated or Qualified: 03/01/1976

4. FEI Number: 59-6580974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMOOT, J. TOM JR.
1242 FLORIDA AVE.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SHEPPARD, JOHN W		1.2 NAME		
STREET ADDRESS	1426 SANDRA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	NATHAN, JAMES		2.2 NAME	McFADDEN, JAMES	
STREET ADDRESS	3333 HIBISCUS DR		2.3 STREET ADDRESS	18323 DEEP PASSAGE LN	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	FT MYERS BEACH, FL 33931	
TITLE	ST	☒ DELETE	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	BARRETT, THOMAS E		3.2 NAME	RUTH MESSMER	
STREET ADDRESS	1900 VIRGINIA AVE #1303		3.3 STREET ADDRESS	~~PO BOX 848~~ 3866 Cleveland Ave.	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	FT MYERS, FL ~~33902~~ 33901	
TITLE	D	☐ DELETE	4.1 TITLE		☐ 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		
TITLE	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	6.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, GENE		6.2 NAME		
STREET ADDRESS	1342 COLONIAL BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP		

$61.25

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/31/98 941-334-0327

CR2E037 (10/97)