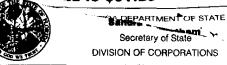
FILE NOVE FILING FEE IS \$61.25 NONPROFIT

CORPORATION **ANNUAL REPORT**

1998



FILED Apr 24 1998 8:00am Secretary of State

DOCUMENT # 735077 (0) SOUTHWEST FLORIDA COMMUNITY FOUNDATION, INC.				
Principal Place	e of Business	Mailing Address		
2373 WEST FIRST ST. P.O. BOX 9326 FT. MYERS FL 33801 US		PO BOX 9326 FT. MYERS FL 33902 US		3. Date Incorporated or Qualified 03/01/1976 4. FEI Number Applied For
				59-6580974 Not Applicable
2. Principal P	lace of Business	2s. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May Be
22 City & State		City & State	_	Trust Fund Contribution Added to Fees
23		City & State	p	7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent
81 Name				
SMOOT, J. TOM JR. 82 Street Address (P.O. Box				Address (P.O. Box Number is Not Acceptable)
1242 FLORIDA AVE.				
İ			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 Fiorida. 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				
	Signature, typed or printed name of registered agent		Registered Agent signature	
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	SHEPPARD, JOHN W	E DELETE	1.2 NAME	NATHAN, JAMES
STREET ADDRESS	1426 SANDRA DR		1.3 STREET ADDRESS	3333 Hibiscus De
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	V	₩ DELETE	2.1 TITLE	Change Addition
NAME [NATHAN, JAMES	•	2.2 NAME	MCFADDEN, JAMES
STREET ADDRESS	3333 HIBISCUS DR		2.3 STREET ADDRESS	18323 DEED PASSAGE LM
CITY-ST-ZIP	FT. MYERS FL		2. 4 CITY-ST-ZIP	FT HYERS BEACH, FL 33931
TITLE	ST	DELETE	3.1 TITLE	ST Change Addition
NAME	BARRETT, THOMAS E		3.2 NAME	RUTH MESSHER
STREET ADDRESS	1900 VIRGINIA AVE #1303		3.3 STREET ADDRESS	PO BOY 848 3864 Cleveland Ave.
CITY-ST-ZIP	FT MYERS FL	DOLLET	3.4. CITY+ST-ZIP	FT MYERS, FL 33901 /
TITLE NAME	D BENNETT CHEAN	☐ DELETE	4.1 TITLE	Change Change
STREET ADDRESS	BENNETT, SUSAN 3867 MCGREGOR BLVD.		4. 2 NAME	
CITY-ST-ZIP	FT. MYERS FL		4.3 STREET ADDRESS	7)909
TITLE	D	DELETE	4.4 City-St-ZiP 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	X , ~ A
CITY-ST-ZIP	FT MYERS FL		6.4 CITY - ST - ZIP	L MANNE
14. I hereby c	ertify that the information supplied with	this filing does not qualify fo	r the exemption state	ed 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.

18/21/00 QUI. 201-0377