

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90023 016 \*\*\*\*61.25

**DOCUMENT # 735077**

1. Corporation Name

**SOUTHWEST FLORIDA COMMUNITY FOUNDATION, INC.**

Principal Place of Business

2373 WEST FIRST ST.  
P.O. BOX 9326  
FT. MYERS FL 33901  
US

Mailing Address

PO BOX 9326  
FT. MYERS FL 33902  
US



2. Principal Place of Business

21 **12734 Kenwood Lane**

2a. Mailing Address

26 **12734 Kenwood Lane**

Suite, Apt. #, etc.

22 **Suite 72**

Suite, Apt. #, etc.

27 **Suite 72**

City & State

23 **Fort Myers, FL**

City & State

28 **Fort Myers, FL**

Zip

24 **33907**

Country

25 **USA**

Zip

29 **33907**

Country

30 **USA**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**  
**NATHAN, JAMES**  
STREET ADDRESS **3333 HIBISCUS DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☒ DELETE

NAME **V**  
**MCFADDEN, JAMES**  
STREET ADDRESS **18323 DEEP PASSAGE LANE**  
CITY-ST-ZIP **FORT MYERS FL 33931**

TITLE ☐ DELETE

NAME **ST**  
**MESSMER, RUTH**  
STREET ADDRESS **3366 CLEVELAND AVENUE**  
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ DELETE

NAME **D**  
**BENNETT, SUSAN**  
STREET ADDRESS **3867 MCGREGOR BLVD.**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☒ DELETE

NAME **D**  
**BECKETT, JOHN T.**  
STREET ADDRESS **2925 CORTEZ BLVD.**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME **D**  
**SOLOMON, GENE**  
STREET ADDRESS **1342 COLONIAL BLVD**  
CITY-ST-ZIP **FT MYERS FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**V**  
**FREY, BILL**  
**9416 Sage Court**  
**Sanibel, FL 33957**

**D**  
**SHEPPARD, JOHN**  
**1426 Sandra Drive**  
**FORT MYERS, FL 33901**

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, with all other like empowered.

SIGNATURE: **James R. Nathan** **REQUIRED** **James Nathan** **4/9/99 (941) 274-5906**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #