2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# 735077

Entity Name: SOUTHWEST FLORIDA COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

8260 COLLEGE PARKWAY
SUITE 101
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

8260 COLLEGE PARKWAY
SUITE 101
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-6580974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPPARD, JOHN W
1426 SANDRA DR
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NATHAN, JAMES
Address: 3333 HIBISCUS DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete
Name: FREY, BILL
Address: 9455 COVENTRY COURT
City-St-Zip: SANIBEL, FL 33957

Title: VP ( ) Delete
Name: GAIR, CHRIS
Address: 1373 SHADOW LANE
City-St-Zip: FORT MYERS, FL 33901

Title: PRES ( ) Delete
Name: BENNETT, SUSAN,
Address: 3949 EVANS AVE., SUITE 402
City-St-Zip: FT. MYERS, FL 33901

Title: D ( ) Delete
Name: SHEPPARD, JOHN
Address: 1426 SANDRA DR
City-St-Zip: FT. MYERS, FL 33901

Title: D ( ) Delete
Name: SOLOMON, GENE
Address: 1342 COLONIAL BLVD
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MORGAN, MELVIN
Address: 2196 PAULDO STREET
City-St-Zip: FORT MYERS, FL 33916

Title: CHMN (X) Change ( ) Addition
Name: GAIR, CHRIS
Address: 1373 SHADOW LANE
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change ( ) Addition
Name: BENNETT, SUSAN
Address: 3949 EVANS AVE., SUITE 402
City-St-Zip: FT. MYERS, FL 33901

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W SHEPPARD D 01/05/2006

Electronic Signature of Signing Officer or Director — Date