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95 APR 19 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 756059 (2)
 1. Corporation Name
SOUTHWEST FLORIDA CHAPTER OF THE AIB, INC.

Principal Place of Business Mailing Address
2926 PONCE DE LEON DRIVE NAPLES FL 33942 **2926 PONCE DE LEON DRIVE NAPLES FL 33942**

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

DO NOT WRITE IN THIS SPACE
 3. Date incorporated or Qualified **01/27/1981** 3a. Date of Last Report **04/20/1994**
 4. FBI Number **59-2074514** Applied For Not Applicable
 5. Certificate of Status Desired **\$0.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MEYER, CAROLYN
 4501 TAMiami TRAIL NORTH 310
 NAPLES FL 33940**

10. Name and Address of New Registered Agent
 81 Name **John Pappa**
 82 Street Address (P.O. Box Number is Not Acceptable) **1777 TAMiami TRAIL**
 83
 84 City **MURDOCK** 85 Zip Code **FL 33938**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **John Pappa** DATE **4-13-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DV
NAME	COX, LISA
STREET ADDRESS	251 HICKPOCHEE AVENUE
CITY - ST - ZIP	LABELLE FL
TITLE	DV
NAME	BROOKS, TAD
STREET ADDRESS	801 LAURAL OAK DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	DP
NAME	O'DEAN, DEBBIE
STREET ADDRESS	798 FIFTH AVENUE SOUTH
CITY - ST - ZIP	NAPLES FL
TITLE	DT
NAME	MEYER, CAROLYN
STREET ADDRESS	4501 TAMiami TRAIL NO 310
CITY - ST - ZIP	NAPLES FL
TITLE	DV
NAME	BOUQUIN, BETH
STREET ADDRESS	2373 N. HORESHOO DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	S
NAME	LEZGUS, RITA
STREET ADDRESS	2926 PONCE DE LEON DR.
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cox, Lisa
1.3 STREET ADDRESS	17 Lee Street
1.4 CITY - ST - ZIP	LaBelle, FL 33935
2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kinchen, Audrey
2.3 STREET ADDRESS	Bridge Street Trail
2.4 CITY - ST - ZIP	LaBelle, FL 33935
3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rouse, Nancy
3.3 STREET ADDRESS	1530 Heitman Street
3.4 CITY - ST - ZIP	Fort Myers, FL 33902
4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pappa, John
4.3 STREET ADDRESS	1777 Tamiami Trail
4.4 CITY - ST - ZIP	Murdock, FL 33938
5.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bouquin, Beth
5.3 STREET ADDRESS	795 Fifth Avenue South
5.4 CITY - ST - ZIP	Naples, FL 33940
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Beth Bouquin** DATE **4-13-95** EXPIRES **6-13-98**
Signature, typed or printed name of beginning officer or director