2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006739

FILED Jul 06, 2004 Secretary of State

Entity Name: SOUTHWEST FLORIDA RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business: 4980 BAYLINE DRIVE NORTH FORT MYERS, FL 33917 **Current Mailing Address: New Mailing Address:** 4980 BAYLINE DRIVE NORTH FORT MYERS, FL 33917 FEI Number: 16-1627370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DALTRY, WAYNE E 4980 BAYLINE DRIVE NORTH FORT MYERS, FL 33917 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DALTRY, WAYNE E Name: Name: P.O. BOX 398 Address: Address: City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: Title: VD Title: VD (X) Change () Addition () Delete AVERY, DEBBIE Name: ZIMMERLY, RON Name: Address: P.O. BOX 1003 Address: P.O. BOX 1760 City-St-Zip: MOORE HAVEN, FL 33471 City-St-Zip: LA BELLE, FL 33975 Title: () Delete Title: () Change () Addition CHEATHAM, ALTON Name: Name: 10941 BURNT STORE ROAD Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: Title: BD () Delete Title: BD (X) Change () Addition Name: TODD, NORMAN Name: WARD, ALVIN 179 POLLYWOG PLACE Address: Address: 8700 N. WAYMAN ROAD City-St-Zip: LABELLE, FL 33935 City-St-Zip: MOORE HAVEN, FL 33471 Title: Title: BD () Delete () Change () Addition LOVING, DAVID P Name: Name: 6405 5TH AVENUE, SOUTH Address: Address: NAPLES, FL 34102 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WAYNE DALTRY PD 07/06/2004