

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

04-28-2003 91346 042 ****61.25

DOCUMENT # N02000006739
1. Entity Name
SOUTHWEST FLORIDA RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.



Principal Place of Business
**4980 BAYLINE DRIVE
NORTH FORT MYERS FL 33917**

Mailing Address
**4980 BAYLINE DRIVE
NORTH FORT MYERS FL 33917**

55042931



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **16-1627370**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DALTRY, WAYNE E
4980 BAYLINE DRIVE
NORTH FORT MYERS FL 33917**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Wayne E Daltry*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DALTRY, WAYNE E	D
STREET ADDRESS	P.O. BOX 398	
CITY-ST-ZIP	FORT MYERS FL 33902	
TITLE	V	<input type="checkbox"/> Delete
NAME	AVERY, DEBBIE	D
STREET ADDRESS	P.O. BOX 1003	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHEATHAM, ALTON	D
STREET ADDRESS	10941 BURNT STORE ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	BD	<input type="checkbox"/> Delete
NAME	TODD, NORMAN	D
STREET ADDRESS	179 POLLYWOG PLACE	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	BD	<input type="checkbox"/> Delete
NAME	LOVING, DAVID P	D
STREET ADDRESS	6405 5TH AVENUE, SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE: *Wayne E Daltry* **REQUIRED** 4/25/03 239.656.1720
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)