2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008809

1. Entity Name
THE SOUTHWEST FLORIDA LEADERSHIP FOUNDATION, INC.

Principal Place of Business	Mailing Address
1520 ROYAL PALM SQUARE BLVD SUITE 210 FT MYERS, FL 33919	1520 ROYAL PALM SQUARE BLVD SUITE 210 FT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-1607995
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TIREY, STEPHEN T
1520 ROYAL PALM SQUARE BLVD SUITE 210
FT MYERS, FL 33919

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000490877
04/18/06-80072-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIREY, STEPHEN T
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD SUITE 210
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	D
NAME	WHIDDEN, GROVER
STREET ADDRESS	1813 LEE STREET
CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	ST
NAME	ELLIOTT, LISA
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD SUITE 210
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	D
NAME	BERQUIST, WILLIAM
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD SUITE 210
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	D
NAME	FARMER, AARON A
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD SUITE 210
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	D
NAME	REYNOLDS, CHARLES F
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD SUITE 210
CITY-ST-ZIP	FT MYERS, FL 33919

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _____ Stephen T. Tirey 3/30/06 (239)278-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #