


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21759</b>			
1. Entity Name <b>SOUTH WEST FLORIDA CHEF'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>142 SE 19TH ST CAPE CORAL FL 33990 US</b>		Mailing Address <b>142 SE 19TH ST CAPE CORAL FL 33990 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>65-0029036</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SMITH, DELBERT W 142 SE 19TH STREET CAPE CORAL FL 33990</b>	Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b>   Zip Code</span>

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD SMITH, DELBERT 142 SE 19TH STREET CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/> U00000255009 03/07/05-80097-005 61.25
NAME	BOGERT, NICO <input type="checkbox"/> Delete	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	129 SE 32ND ST CAPE CORAL FL 33990	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY- ST- ZIP	CAPE CORAL FL 33990	CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	SD BAWMAN, CHERY <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	3311 ARECA ST PUNTA GORDA FL 33950	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	VD DEWITT, RONALD P <input type="checkbox"/> Delete	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY- ST- ZIP	30073 OAK ROAD PUNTA GORDA FL 33982	CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	VD ADLER, THOMAS E <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	13290 HIGHLAND CHASE PLACE FORT MYERS FL 33913	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY- ST- ZIP		CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Delbert W. Smith* cc. TREASURER 3/4/05 239-772-2095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #