FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB -1 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27318 (7)

1. Corporation Name
SOUTHWEST FLORIDA LAND PRESERVATION TRUST, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2721 NAPLES FL 33939	P.O. BOX 2721 NAPLES FL 33939

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1988
3a. Date of Last Report: 03/14/1994
4. FEI Number: 65-0066474 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 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

PASSIDOMO, KATHLEEN C.
HARTER, SECREST & EMERY
800 LAUREL OAK DRIVE
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	COLLIER, MILES C	1.2 NAME	French, Alfred W.	
STREET ADDRESS	3003 TAMIAMI TRL N	1.3 STREET ADDRESS	649 Fifth Avenue South	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples FL 33940	
TITLE	PD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	PASSIDOMO, KATHLEEN C.	2.2 NAME	Elinor V. Krier	
STREET ADDRESS	800 LAUREL OAK DRIVE #400	2.3 STREET ADDRESS	1450 Merrihue Drive	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples FL 33940	
TITLE	SD	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	FRENCH, ALFRED W.	3.2 NAME	Cameron, R. Scott	
STREET ADDRESS	649 5TH AVENUE SOUTH	3.3 STREET ADDRESS	1250 N. Tamiami Trail, Suite 101	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples FL 33940	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	OATES JR, EDWARD J	4.2 NAME	Oates, Edward J. Jr	
STREET ADDRESS	3620 N TAMIAMI TRL	4.3 STREET ADDRESS	635 Palm Circle East	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples FL 33940	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

#2 11

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x Alfred W. French 1/25/95 813-263-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alfred W. French / President

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