

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38643 (5)**

1. Corporation Name  
**SOUTHWEST FLORIDA FAIR EDUCATIONAL ORGANIZATION, INC.**



Principal Place of Business  
**1315 ROBERT AVE.  
LEHIGH ACRES FL 33936  
US**

Mailing Address  
**1315 ROBERT AVE.  
LEHIGH ACRES FL 33936  
US**

3. Date Incorporated or Qualified **06/22/1990** 3a. Date of Last Report **04/19/1995**

4. FEI Number **65-0268820** Applied For  Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. **18841 Durrance Road**  
Suite, Apt. #, etc.

22. City & State **N. Fort Myers, FL**

23. Zip **33917** Country **USA**

24. **33917** 25. **USA**

2a. Mailing Address

26. **18841 Durrance Road**  
Suite, Apt. #, etc.

27. City & State **N. Fort Myers, FL**

28. Zip **33917** Country **USA**

29. **33917** 30. **USA**

9. Name and Address of Current Registered Agent  
**MAHLER, ROBERT F  
1315 ROBERT AVE.  
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81. Name **Susan M. Thompson**

82. Street Address (P.O. Box Number is Not Acceptable)  
~~33917 Palm Beach Blvd.~~

83. **608 Elephant Way**

84. City **N. Fort Myers** FL 85. Zip Code **33917**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Susan M. Thompson **Susan M. Thompson** DATE **5/13/96**

12. OFFICERS AND DIRECTORS

TITLE	DC	MAHLER, ROBERT F	<input checked="" type="checkbox"/> DELETE
NAME		1315 ROBERT AVENUE	
STREET ADDRESS		LEHIGH ACRES FL	
CITY-ST-ZIP			
TITLE	VD	BOONE, DAVD	<input checked="" type="checkbox"/> DELETE
NAME		625 NE 8TH ST	
STREET ADDRESS		CAPE CORAL FL	
CITY-ST-ZIP			
TITLE	SD	MAHLER, NORMA L	<input checked="" type="checkbox"/> DELETE
NAME		1315 ROBERT AVE	
STREET ADDRESS		LEHIGH ACRES FL	
CITY-ST-ZIP			
TITLE	TD	JOHNSON, TINA	<input checked="" type="checkbox"/> DELETE
NAME		13351 SECOND ST. SE	
STREET ADDRESS		FT MYERS FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Milliken, Bruce		
1.3 STREET ADDRESS	18841 Durrance Road		
1.4 CITY-ST-ZIP	N. Fort Myers, FL 33917		
2.1 TITLE	Vice President	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Badgley, Robert		
2.3 STREET ADDRESS	12171 Clover Drive		
2.4 CITY-ST-ZIP	Fort Myers, FL 33905		
3.1 TITLE	Secretary	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Susan Thompson		
3.3 STREET ADDRESS	608 Elephant Way		
3.4 CITY-ST-ZIP	N. Fort Myers, FL 33917		
4.1 TITLE	Treasurer	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nancy Rosine		
4.3 STREET ADDRESS	526 Monterey Street		
4.4 CITY-ST-ZIP	N. Fort Myers, FL 33903		
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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)(k), 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: Susan Thompson / **Susan Thompson** DATE **5/13/96** PHONE **941-656-0184**

CR2E037 (12/95)