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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38643 (5)  
1. Corporation Name  
SOUTHWEST FLORIDA FAIR EDUCATIONAL ORGANIZATION, INC.



Principal Place of Business 17175 STATE RD 80 ALVA FL 33920	Mailing Address 17175 STATE RD 80 ALVA FL 33920
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3. Date Incorporated or Qualified 06/22/1990	3a. Date of Last Report 04/19/1995
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2. Principal Place of Business 21 17175 STATE ROAD 80 Suite, Apt. #, etc.	2a. Mailing Address 28 17175 STATE ROAD 80 Suite, Apt. #, etc.		
22	27		
23 City & State ALVA FL	28 City & State ALVA FL		
24 Zip 33920	25 Country US	29 Zip 33920	30 Country US

4. FEI Number 65-0268820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81 Name DANA M. GOOLSBY		
82 Street Address (P.O. Box Number is Not Acceptable)		
83 1785 ATLANTIC AVE		
84 City N. FT MYERS	85 State FL	86 Zip Code 33903

10. Name and Address of New Registered Agent

81 Name DANA M. GOOLSBY		
82 Street Address (P.O. Box Number is Not Acceptable)		
83 1785 ATLANTIC AVE		
84 City N. FT MYERS	85 State FL	86 Zip Code 33903

In compliance with 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: Dana M. Goolsby / DANA M. GOOLSBY DATE: 6/30/97

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when first listing)

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME MILLIKEN, BRUCE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1884 DURRANCE ROAD	CITY-STATE-ZIP N. FT MYERS FL 33917	
TITLE VICE-PRESIDENT	NAME BADGLEY, ROBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 12171 CLOVER DRIVE	CITY-STATE-ZIP FT MYERS, FL 33905	
TITLE SECRETARY	NAME SUSAN THOMPSON	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 608 ELEPHANT WAY	CITY-STATE-ZIP N. FT. MYERS FL 33917	
TITLE TREASURER	NAME NANCY ROSINE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 526 MONTEREY STREET	CITY-STATE-ZIP N. FT MYERS FL 33903	
TITLE	NAME 700002296017	<input type="checkbox"/> DELETE
STREET ADDRESS	STREET ADDRESS -09/17/97--01098--005	
CITY-STATE-ZIP	CITY-STATE-ZIP *****61.25 *****61.25	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97

1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ROY OWEN	
1.3 STREET ADDRESS 17175 STATE ROAD 80	
1.4 CITY-STATE-ZIP ALVA FL 33920	
2.1 TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MARINELL, GREG	
2.3 STREET ADDRESS 18120 HALL ROAD	
2.4 CITY-STATE-ZIP N. FT MYERS FL 33917	<b>D</b>
3.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME GOOLSBY, DANA	
3.3 STREET ADDRESS 1785 ATLANTIC AVE	
3.4 CITY-STATE-ZIP N. FT. MYERS FL 33903	<b>D</b>
4.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME THOMPSON, SUSAN	
4.3 STREET ADDRESS 1217 NE 11TH STREET	
4.4 CITY-STATE-ZIP CAPE CORAL FL 33909	<b>D</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

*A. Alan*  
9/12/97

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)(4), 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 1E or Block 13 (changed, or on an attachment with an address.

SIGNATURE: Dana M. Goolsby / DANA GOOLSBY 10/30/97 (941) 997-1510