

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 # **N93000002737 (5)**
1. Corporation Name

SOUTHWEST FLORIDA ROMANCE WRITERS, INC.



Principal Place of Business: % SANDRA DIAMOND, 1824 HARBOR LANE, NAPLES FL 33942
Mailing Address: % SANDRA DIAMOND, 1824 HARBOR LANE, NAPLES FL 33942

3. Date Incorporated or Qualified: **06/18/1993**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **74-2641648**
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

9. Name and Address of Current Registered Agent: **HENDERSON, JOYCE, 16150 BAY POINTE BLVD., NE, SUITE B-307, NORTH FORT MYERS FL 33917**
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HENDERSON, JOYCE 16150 BAY POINTE BLVD., #3307 N. FT. MYERS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD WAINSCOTT, TINA 5881 28TH AVENUE S.W. NAPLES FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	SD KELLEY AMSLER.
STREET ADDRESS		2.3 STREET ADDRESS	205 SW 38th Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CAPE CORAL, FLA 33914
TITLE	VD HUGHES, KRISTINE P.O. BOX 420028 N/A NAPLES FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	VD LYNETTE HAUBERG
STREET ADDRESS		3.3 STREET ADDRESS	2442 44th Street S.W.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NAPLES, FL. 33999
TITLE	TD DIAMOND, SANDRA C 1824 HARBOR LANE NAPLES FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sandra C. Diamond* SANDRA C. DIAMOND 3/21/96 941-775-0170
Date Daytime Phone #

CR2E037 (12/95)