

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 08 1997 8:00am
 Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N93000002737 (5)

1. Corporation Name
SOUTHWEST FLORIDA ROMANCE WRITERS, INC.



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| Principal Place of Business % SANDRA DIAMOND 1824 HARBOR LANE NAPLES FL 33942 | Mailing Address % SANDRA DIAMOND 1824 HARBOR LANE NAPLES FL 33942 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/18/1993 | 3a. Date of Last Report 03/27/1996 |
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|--|---|
| 2. Principal Place of Business 21 Kelley Amsler Suite, Apt. #, etc. 22 205 SW 38th Street City & State 23 Cape Coral FL Zip 24 33914 Country 25 Lee | 2a. Mailing Address 26 Kelley Amsler Suite, Apt. #, etc. 27 205 SW 38th Street City & State 28 Cape Coral FL Zip 29 33914 Country 30 Lee |
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| | |
|---|--|
| 4. FEI Number 74-2641648 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name Diane O'Key |
| 82 Street Address (P.O. Box Number is Not Acceptable) 5330 SW 11th Court |
| 83 |
| 84 City Cape Coral FL 85 Zip Code 33914 |

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 *Diane O'Key* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HENDERSON, JOYCE 16150 BAY POINTE BLVD., #3307 N. FT. MYERS FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD AMSLER, KELLEY 205 SW 38TH STREET CAPE CORAL FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HALLBERG, LYNETTE 2442 44TH STREET SW NAPLES FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DIAMOND, SANDRA C 1824 HARBOR LANE NAPLES FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD Diane O'Key 5330 SW 11th Court Cape Coral, FL 33914 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | SD Jane Woodring (Woodring) 5223 Savoy Court Cape Coral FL 33904 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | VD Barbara Meyers 5381 8th Ave SW Naples, FL 33999 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | TD Kelley Amsler 205 SW 38th Street Cape Coral, FL 33914 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing 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 *Kelley Amsler* 7/28/97 941-945-2026

CP2E037 (4/97)