

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **N94000000769 (9)**
 1. Corporation Name

SOUTHWEST FLORIDA CHAPTER OF TRIO, INC.



Principal Place of Business: **5076 NORTHAMPTON DR FT MYERS FL 33919**
 Mailing Address: **5076 NORTHAMPTON DR FT MYERS FL 33919**

3. Date Incorporated or Qualified: **02/10/1994**
 3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business: **21**
 2a. Mailing Address: **26 29 S.E. 8th. Place**
 Suite, Apt. #, etc.
 22 City & State: **27 CAPE CORAL, FLORIDA**
 23 Zip: **24 33990** Country: **25**
 28 City & State: **29 CAPE CORAL, FLORIDA** Country: **30 LEE**

4. FEI Number: **65-0438259**
 Applied For: Not Applicable:

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

6. Election Campaign Financing: **\$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:
FLETCHER, NEWMAN M
5076 NORTHAMPTON DR
FT MYERS FL 33919

10. Name and Address of New Registered Agent:
 81 Name: **BARBARA LEEDOM**
 82 Street Address (P.O. Box Number is Not Acceptable): **29 S.E. 8th. PLACE**
 83 City: **CAPE CORAL, FLORIDA** Zip Code: **33990**
 84 City: **FL** 85 Zip Code: **FL**

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: **BARBARA LEEDOM TREAS.**
 Signature, typed or printed name of registered agent and title if applicable
Barbara Leedom (NOTE Registered Agent's signature required when reinstating) DATE: **7/9/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP	FLETCHER, NEWMAN M 5076 NORTHAMPTON DR FT MYERS FL 33919	<input checked="" type="checkbox"/> DELETE
TITLE: DV	FIORINI, EDDIE 12153 MINNESOTA AVE PUNTA GORDA FL 33955	<input type="checkbox"/> DELETE
TITLE: DS	CRANDALL, TODD 4937 SW 9TH PL CAPE CORAL FL 33914	<input checked="" type="checkbox"/> DELETE
TITLE: DT	WAITE, ROGER 1918 NE 3RD ST CAPE CORAL FL 33909	<input type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE

1.1 TITLE:		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME:		
1.3 STREET ADDRESS:		
1.4 CITY - ST - ZIP:		
2.1 TITLE:	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME:	BARBARA LEEDOM	
2.3 STREET ADDRESS:	29 S.E. 8th. PLACE	
2.4 CITY - ST - ZIP:	CAPE CORAL, FL. 33990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE:		
3.2 NAME:		
3.3 STREET ADDRESS:		
3.4 CITY - ST - ZIP:		
4.1 TITLE:	700001895607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:		
4.3 STREET ADDRESS:	-07/16/96--01184--029	
4.4 CITY - ST - ZIP:	***61.25	
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: *Barbara Leedom* DATE: **6/14/96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: **941-574-5826**

CR2E037 (3/96)