FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38643 (5)

1. Corporation Name

SOUTHWEST FLORIDA FAIR EDUCATIONAL ORGANIZATION, INC.

Principal Place of Business	Mailing Address
17151 SR 80 ALVA FL 33920	17151 SR 80 ALVA FL 33920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1990
3a. Date of Last Report: 08/10/1994
4. FEI Number: 65-0268820 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1315 Robert Av	26 1315 Robert Av
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lehigh Acres, FL	28 Lehigh Acres, FL
24 Zip 33936 / 25 Country U.S.A.	29 Zip 33936 / 30 Country U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OWEN, ROY M 17151 SR 80 ALVA FL 33920	81 Name: Robert F. Mahler 82 Street Address (P.O. Box Number is Not Acceptable): 83 1315 Robert Av 84 City: Lehigh Acres, FL FL 85 Zip Code: 33936

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert F. Mahler, DC X Robert F. Mahler — April 7, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE	DC	☒ Change ☐ Addition
NAME	OWEN, ROY M	1.2 NAME	Mahler, Robert F.	
STREET ADDRESS	17151 SR 80	1.3 STREET ADDRESS	1315 Robert Av	
CITY-ST-ZIP	ALVA FL	1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	JOE ALLEN SMITH	2.2 NAME	Boone, David	
STREET ADDRESS	P.O. BOX 3985 N/A	2.3 STREET ADDRESS	625 N.E. 8th ST	
CITY-ST-ZIP	N. FT. MYERS FL 33918	2.4 CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	LAFONTAIN, SANDI	3.2 NAME	Mahler, Norma Lynne	
STREET ADDRESS	715 SHELDON AVE	3.3 STREET ADDRESS	1315 Robert Av	
CITY-ST-ZIP	LEHIGH FL	3.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	PHILLIPS, PENNY	4.2 NAME	Johnson, Tina	
STREET ADDRESS	14301 BIGELOW RD	4.3 STREET ADDRESS	13351 Second St SE	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Ft. Myers, FL 33905	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: Robert F. Mahler X Robert F. Mahler — APRIL 7, 1995 — 813-368-1496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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