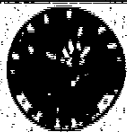


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
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. FBI Number

65-0268820

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 1315 Robert Av

26 1315 Robert Av

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Lehigh Acres, FL

City & State

28 Lehigh Acres, FL

Zip

24 33936

Country

25 U.S.A.

Zip

29 33936

Country

30 U.S.A.

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

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

TITLE	DC
NAME	OWEN, ROY M
STREET ADDRESS	17151 SR 80
CITY - ST - ZIP	ALVA FL
TITLE	VD
NAME	JOE ALLEN SMITH
STREET ADDRESS	P.O. BOX 3985 N/A
CITY - ST - ZIP	N. FT. MYERS FL 33918
TITLE	SD
NAME	LAFONTAIN, SANDI
STREET ADDRESS	715 SHELTON AVE
CITY - ST - ZIP	LEHIGH FL
TITLE	TD
NAME	PHILLIPS, PENNY
STREET ADDRESS	14301 BIGELOW RD
CITY - ST - ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	☒ Change ☐ Addition
1.2 NAME	Mahler, Robert F.	
1.3 STREET ADDRESS	1315 Robert Av	
1.4 CITY - ST - ZIP	Lehigh Acres, FL 33936	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Boone, David	
2.3 STREET ADDRESS	625 N.E. 8th ST	
2.4 CITY - ST - ZIP	Cape Coral, FL 33909	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	Mahler, Norma Lynne	
3.3 STREET ADDRESS	1315 Robert Av	
3.4 CITY - ST - ZIP	Lehigh Acres, FL 33936	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	Johnson, Tina	
4.3 STREET ADDRESS	13351 Second St SE	
4.4 CITY - ST - ZIP	Ft. Myers, FL 33905	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 017, 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

(Signature and typed or printed name of signing officer or director)

APRIL 7, 1995

Date

813-348-1496

Daytime Phone #