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 # N38643 (5)

1. Corporation Name
SOUTHWEST FLORIDA FAIR EDUCATIONAL ORGANIZATION, INC.

Principal Place of Business
1315 ROBERT AVE.
LEHIGH ACRES FL 33936
US

Mailing Address
1315 ROBERT AVE.
LEHIGH ACRES FL 33936
US

3. Date Incorporated or Qualified: 06/22/1990
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21 18841 Durrance Road
22 Suite, Apt. #, etc.
23 City & State: N. Fort Myers, FL
24 Zip: 33917
25 Country: USA

2a. Mailing Address
26 18841 Durrance Road
27 Suite, Apt. #, etc.
28 City & State: N. Fort Myers, FL
29 Zip: 33917
30 Country: USA

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
MAHLER, ROBERT F
1315 ROBERT AVE.
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent
81 Name: [redacted] Susan M. Thompson
82 Street Address (P.O. Box Number is Not Acceptable): [redacted]
83 608 Elephant Way
84 City: N. Fort Myers [redacted] FL
85 Zip Code: 33917

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: Susan M. Thompson, Susan M. Thompson — 5/13/96
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	☑ DELETE
NAME	MAHLER, ROBERT F	
STREET ADDRESS	1315 ROBERT AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VD	☑ DELETE
NAME	BOONE, DAVID	
STREET ADDRESS	625 NE 8TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	☑ DELETE
NAME	MAHLER, NORMA L	
STREET ADDRESS	1315 ROBERT AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	TD	☑ DELETE
NAME	JOHNSON, TINA	
STREET ADDRESS	13351 SECOND ST. SE	
CITY-ST-ZIP	FT MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	D ☑ Change ☐ Addition
1.2 NAME	Milliken, Bruce	
1.3 STREET ADDRESS	18841 Durrance Road	
1.4 CITY-ST-ZIP	N. Fort Myers, FL 33917	
2.1 TITLE	Vice President	D ☑ Change ☐ Addition
2.2 NAME	Badgley, Robert	
2.3 STREET ADDRESS	12171 Clover Drive	
2.4 CITY-ST-ZIP	Fort Myers, FL 33905	
3.1 TITLE	Secretary	D ☑ Change ☐ Addition
3.2 NAME	Susan Thompson	
3.3 STREET ADDRESS	608 Elephant Way	
3.4 CITY-ST-ZIP	N. Fort Myers, FL 33917	
4.1 TITLE	Treasurer	D ☑ Change ☐ Addition
4.2 NAME	Nancy Rosine	
4.3 STREET ADDRESS	526 Monterey Street	
4.4 CITY-ST-ZIP	N. Fort Myers, FL 33903	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	600001930096	☐ Change ☐ Addition
6.2 NAME	-08/22/96--01092--027	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Susan Thompson / Susan Thompson — 5/13/96 — 941-656-0184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #