

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006236

**Entity Name:** SOUTHWEST FLORIDA ENTERPRISE CENTER FOUNDATION, INC.

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC5017442614**

**Current Principal Place of Business:**

3903 DR. MARTIN LUTHER KING, JR. BLVD.  
FORT MYERS, FL 33916

**Current Mailing Address:**

3903 DR. MARTIN LUTHER KING, JR. BLVD.  
FORT MYERS, FL 33916 US

**FEI Number: 27-0459801**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOUTHWEST FLORIDA ENTERPRISE CENTER  
3903 DR. MARTIN LUTHER KING, JR. BLVD.  
FORT MYERS, FL 33916 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: MIKE LOVE**

**05/01/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name JONES, MICHELE  
Address 3903 DR. MARTIN LUTHER KING, JR. BLVD.  
City-State-Zip: FORT MYERS FL 33916

Title D  
Name LOVE, G.MICHAEL  
Address 3903 DR. MARTIN LUTHER KING, JR. BLVD.  
City-State-Zip: FORT MYERS FL 33916

Title D  
Name REED, JOHN  
Address 3903 DR. MARTIN LUTHER KING, JR. BLVD.  
City-State-Zip: FORT MYERS FL 33916

Title D  
Name PFAR, JOHN  
Address 3903 DR. MARTIN LUTHER KING, JR. BLVD.  
City-State-Zip: FORT MYERS FL 33916

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LOVE, G. MICHAEL**

**DIRECTOR**

**05/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date