# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2009**
**Secretary of State**

DOCUMENT# 724291

**Entity Name:** SOUTHWEST FLORIDA SAFETY COUNCIL, INC.

**Current Principal Place of Business:**

1714 EVANS AVE
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

1714 EVANS AVE
FT MYERS, FL 33901

**New Mailing Address:**

**FEI Number: 23-7313332** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ARNOLD, NOWLIN
14571 GRANDE CAY CIRCLE
UNIT #3202
FT MYERS, FL 33908 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | S/D | ( ) Delete |
| Name: | DECKER, DAVID | |
| Address: | 1910 SEWARD AVENUE | |
| City-St-Zip: | NAPLES, FL 34109 US | |
| Title: | V/P | ( ) Delete |
| Name: | SIRIANNI, MARGARET | |
| Address: | 1394 FLORIDA AVENUE | |
| City-St-Zip: | FT. MYERS, FL 33901 US | |
| Title: | T/D | ( ) Delete |
| Name: | D'ALESSANDRO, PETER | |
| Address: | 8341 DANI DRIVE | |
| City-St-Zip: | FT. MYERS, FL 33912 | |
| Title: | P/D | ( ) Delete |
| Name: | SHERWOOD, MICHAEL | |
| Address: | 12691 EAGLE POINT CIRCLE | |
| City-St-Zip: | FT. MYERS, FL 33913 | |
| Title: | D | ( ) Delete |
| Name: | NOWLIN, ARNOLD | |
| Address: | 14571 GRANDE CAY CIRCLE UNIT #3202 | |
| City-St-Zip: | FT. MYERS, FL 33908 | |
| Title: | D | ( ) Delete |
| Name: | ANDERSON, KEVIN | |
| Address: | 3435 VIA TORCIDA | |
| City-St-Zip: | FT. MYERS, FL 33901 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | S/D | (X) Change ( ) Addition |
| Name: | DECKER, DAVID | |
| Address: | P.O. BOX 626 | |
| City-St-Zip: | ALVA, FL 33920 US | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SHERWOOD PRES 04/02/2009

Electronic Signature of Signing Officer or Director — Date