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 MAR -1 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725669 (6)

1. Corporation Name

THE SOUTHWEST FLORIDA CONCHOLOGIST SOCIETY, INC.

Principal Place of Business	Mailing Address
P O BOX 876 FORT MYERS FL 33902 US	P O BOX 876 FORT MYERS FL 33902 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1973
3a. Date of Last Report: 03/28/1994
4. FEI Number: 65-0184728 ☐ 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 XX $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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~JAN WEST~~
~~13372 SYLVAN AVE.~~
~~FT. MYERS, FL 33919~~

10. Name and Address of New Registered Agent

31 Name: Pilcher, Marguerite
32 Street Address (P.O. Box Number is Not Acceptable): 9191 Marigold Ct.
33
34 City: Fort Myers, Fl. FL 35 Zip Code: 33919

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: Marguerite J. Pilcher — 2/24/95
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	PD	1.1 TITLE	☐ Change ☐ Addition	
NAME	CHIPPEAUX, HARRY	1.2 NAME	Same	
STREET ADDRESS	1308 BILTMORE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	☐ Change ☐ Addition	
NAME	WEST, CHUCK	2.2 NAME	Same	
STREET ADDRESS	13372 SYLVAN AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP		
TITLE	~~TD~~	3.1 TITLE	TD XX Change ☐ Addition	
NAME	~~WEST, JAN~~	3.2 NAME	Pilcher, Marguerite	
STREET ADDRESS	~~13372 SYLVAN AVE.~~	3.3 STREET ADDRESS	9191 Marigold Ct.	
CITY-ST-ZIP	~~FT. MYERS FL~~	3.4 CITY-ST-ZIP	Fort Myers, Fl. 33919	
TITLE	DVP	4.1 TITLE	☐ Change ☐ Addition	
NAME	NYQUIST, MARIE ANNA	4.2 NAME	Same	
STREET ADDRESS	18372 CUTLASS DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL	4.4 CITY-ST-ZIP		
TITLE	~~DVP~~	5.1 TITLE	D XX Change ☐ Addition	
NAME	~~PALMER, BRENDA~~	5.2 NAME	Barry, Ruby	
STREET ADDRESS	~~11657 PT. CIRCLE DR.~~	5.3 STREET ADDRESS	9200 Littleton Road #38	
CITY-ST-ZIP	~~FT. MYERS FL~~	5.4 CITY-ST-ZIP	North Fort Myers, Fl. 33903	
TITLE	SD	6.1 TITLE	SD XX Change ☐ Addition	
NAME	~~DWORAK, PRISCILLA~~	6.2 NAME	Freeman, Cathy	
STREET ADDRESS	~~2617 SE 20TH PLACE~~	6.3 STREET ADDRESS	8170 Summerlin Vil 607	
CITY-ST-ZIP	~~CAPE CORAL FL~~	6.4 CITY-ST-ZIP	Fort Myers, Fl. 33919	

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: Marguerite J. Pilcher 2/24/95 813-481-3602
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080043