

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 # **725669** (6)

1. Corporation Name

THE SOUTHWEST FLORIDA CONCHOLOGIST SOCIETY, INC.



Principal Place of Business

Mailing Address

PILCHER, MARGUERITE
9191 MARIGOLD CT.
FORT MYERS FL 33919
US

P O BOX 876
FORT MYERS FL 33902
US

3. Date Incorporated or Qualified
02/27/1973

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 **P O Box 876**

26 Suite, Apt. #, etc.
27

City & State

City & State

23 **Fort Myers, Fl.**

28

Zip

Country

24 **33902**

29 **Lee**

25

30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAN WEST
13372 SYLVAN AVE.
FT. MYERS FL 33919

81 Name **Pilcher, Marguerite**

82 Street Address (P.O. Box Number is Not Acceptable)
9191 Marigold Ct.

83

84 City **Fort Myers**

FL

85 Zip Code **33919**

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 *Marguerite Pilcher*
Signature, typed or printed name of registered agent, and title if applicable.

Marguerite Pilcher - Treasurer

Feb. 18, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHIPPEAUX, HARRY	
STREET ADDRESS	1308 BILTMORE DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEST, CHUCK	
STREET ADDRESS	13372 SYLVAN AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PILCHER, MARGUERITE	
STREET ADDRESS	9191 MARIGOLD CT.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	NYQUIST, MARIE-ANNA	
STREET ADDRESS	18372 OUTLASS DR	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARRY, RUBY	
STREET ADDRESS	9200 LITTLETON ROAD #38	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FREEMAN, CATHY	
STREET ADDRESS	8170 SUMMERLIN VIL 807	
CITY-ST-ZIP	FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	West, Chuck	
1.3 STREET ADDRESS	13372 Sylvan Ave.	
1.4 CITY-ST-ZIP	Ft. Myers, Fl. 33919	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Longley, Irene	
2.3 STREET ADDRESS	2823 8th Ave.	
2.4 CITY-ST-ZIP	St. James City, Fl. 33956	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Chippeaux, Harry	
4.3 STREET ADDRESS	1308 Biltmore Dr.	
4.4 CITY-ST-ZIP	Ft. Myers, Fl. 33901	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	King, George	
5.3 STREET ADDRESS	2400 Barcelona Ave. S.E.	
5.4 CITY-ST-ZIP	Ft. Myers, Fl. 33905	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Same	
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 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*

Marguerite J. Pilcher

2/18/96

941-481-3602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)