

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

P.O. BOX 876
FT. MYERS FL 33902
USP O BOX 876
FORT MYERS FL 33902-0876
US3. Date Incorporated or Qualified
02/27/19733a. Date of Last Report
02/26/1996

4. FEI Number

65-0184728

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PILCHER, MARGUERITE
9191 MARIGOLD COURT
FT. MYERS FL 33919

81 Name

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

83

84 City

FL

85 Zip Code

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. 19, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME WEST, CHUCK
STREET ADDRESS 13372 SYLVAN AVENUE
CITY-ST-ZIP FT. MYERS FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Chippeaux, Harry
1.3 STREET ADDRESS 1308 Biltmore Dr.
1.4 CITY-ST-ZIP Ft. Myers, Fl. 33901TITLE VPD ☐ DELETE
NAME LONGLEY, IRENE
STREET ADDRESS 2823 8TH AVENUE
CITY-ST-ZIP ST. JAMES CITY FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME PILCHER, MARGUERITE
STREET ADDRESS 9191 MARIGOLD CT.
CITY-ST-ZIP FORT MYERS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME CHIPPEAUX, HARRY
STREET ADDRESS 1308 BILTMORE DRIVE
CITY-ST-ZIP FT. MYERS FL4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Dworak, Dennis
4.3 STREET ADDRESS 2617 SE 20th Pl.
4.4 CITY-ST-ZIP Cape coral, Fl. 33904TITLE D ☐ DELETE
NAME KING, GEORGE
STREET ADDRESS 2400 BARCELONA AVENUE SE
CITY-ST-ZIP FT. MYERS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME FREEMAN, CATHY
STREET ADDRESS 8170 SUMMERLIN VIL 607
CITY-ST-ZIP FORT MYERS FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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* Marguerite J. Pilcher 2/19/97 941-481-3602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055926

CR2E037 (9/96)