

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 725669 (6)
1. Corporation Name
THE SOUTHWEST FLORIDA CONCHOLOGIST SOCIETY, INC.

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



21 Principal Place of Business Suite, Apt. #, etc.	2a Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 02/27/1973
4. FEI Number 65-0184728
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent PILCHER, MARGUERITE 9191 MARKGOLD COURT FT. MYERS FL 33919	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 J. Pilcher **Marguerite Pilcher - Treasurer** **Feb. 15, 1998**
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	NAME CHIPPEAUX, HARRY	1.1 TITLE	1.2 NAME
STREET ADDRESS 1308 BILTMORE DR	CITY-ST-ZIP FT MYERS FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE VPD	NAME LONGLEY, IRENE	2.1 TITLE	2.2 NAME
STREET ADDRESS 2823 8TH AVENUE	CITY-ST-ZIP ST. JAMES CITY FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE TD	NAME PILCHER, MARGUERITE	3.1 TITLE	3.2 NAME
STREET ADDRESS 9191 MARKGOLD CT.	CITY-ST-ZIP FORT MYERS FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME DWORAK, DENNIS	4.1 TITLE	4.2 NAME
STREET ADDRESS 2617 SE 20 PL	CITY-ST-ZIP CAPE CORAL FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME KING, GEORGE	5.1 TITLE	5.2 NAME
STREET ADDRESS 2400 BARCELONA AVENUE SE	CITY-ST-ZIP FT. MYERS FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE SD	NAME FREEMAN, CATHY	6.1 TITLE	6.2 NAME
STREET ADDRESS 8170 SUMMERLIN VIL 607	CITY-ST-ZIP FORT MYERS FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		7.1 TITLE	7.2 NAME
		7.3 STREET ADDRESS	7.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(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** **9191 Markgold Court**

CR2E037 (1097)