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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

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1. Corporation Name

2. Principal Place of Business

THE SOUTHWEST FLORIDA CONCHOLOGIST SOCIETY, INC.

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

2a. Mailing Address

|--|--|

3. Date Incorporated or Qualifed

Suite, Apt. #, etc. 277 Soite, Apt. #, etc. 2	21		26			02/27/1973			
City & State City & State City & State City & State		#, etc.	Suite, Apt. #, etc.						
City & State City & State City & State Status Desired St. Certificate of Status Desired St. 50.00 May 8 and 9	22					65-0184728			
Zip	City & State)	 			5. Certifcate of Status Desired			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 agent. 1 an familiar with, and accept the obligations of, Section 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. 1 an familiar with, and accept the obligations of, Section 617,0502 and 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 an familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 an familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 an familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 2 and 1 an approximate the approximant agent ag		Country		Country		6. Flection Campaign Financing		\$5.00	May Be
9. Name and Address of Current Registered Agent State	- '	_ `]		1	′ ⊔	•	•
PILCHER, MARGUERITE 9191 MARRIGOLD COURT FT. MYERS FL 33919 44			.,			10. Name and Address of New	Registered	Agent	
Signature Process Pr				81	Name				
### Actives contact 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent are registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent are registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent are registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent are registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent are registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent are registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent are registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent are registered agent, or both and accept the obligations of Section 617,0503, Florida Statutes. ### Active Plants	PILCHER,	MARGUERITE		82	Street A	ddress (P.O. Box Number is Not Accep	table)		
### City FL 88 Zip Code	9191 MAR	IGOLD COURT		02					
T1. Pursuant to the provisions of Sections 617 0500 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and star appointment of the purpose of changing its registered agent and star appointment of the purpose of changing its registered agent and star appointment of the purpose of changing its registered agent and star appointment of the purpose of changing its registered agent and star appointment of the purpose of changing its registered agent and star appointment of the purpose of changing its registered agent and star appointment of the purpose of changing its registered agent and star appointment of the purpose of changing its registered agent and star appointment of the purpose of changing its registered agent and star appointment as registered agent and star appointment agent and star appointm	FT. MYERS	S FL 33919		83					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of the constructions agent. I am familiar with, and accept the obligations of Section 617:0505, Florida Stateties. SIGNATURE SURNATURE		, .			•			.	i
SIGNATURE	office or re	scietored agent or both in the State 0	t Florida. Such change was auth	ONZOG DV I	tne corbor	orporation submits this statement for the ration's board of directors. I hereby acc	e purpose of ept the appoi	changing its reg	egistered istered
12.	agent. I ar	n familiar with, and accept the obligati	ons of, Section 617.0503, Florida	Statutes.	•				j
TITLE	SIGNATURE	Signature, typed of printed name of legistered agent	and title if applicable (NOTE: Re		i to Tsignature rec	gulfed when reinstatung)	cer _{DATE} 1	2/Mar/	99
NAME CHIPPEAUX, HARRY 12 NAME 13 STREET ADDRESS 1308 BILTMORE DR 13 STREET ADDRESS 15 Oll Punta Rassa #904 15 Oll Punta		OFFICERS AND	DIRECTORS			ADDITIONS/CHANGES TO C			
1308 BILTMORE DR	TITLE	PD	XX DELETE	1.1 TITLE		PD	2	KI Change	L. Accition
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TITLE	STREET ADDRESS	1308 BILTMORE DR		1.3 STREET	ADDRES\$	-			
NAME	CITY-ST-ZIP	FT MYERS FL		1.4 CITY- \$1	Γ-ZIP	15011 Punta Rassa	#904		
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STREET ADDRESS 9191 MARIGOLD CT. 3.3 STREET ADDRESS Ft. Myers, F1. 33901	NAME	PILCHER, MARGUERITE		32 NAME					
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		· · · - · ·	· ·	6.4 CITY-S	T-ZIP				

14. I 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, with all other like empowered.

SIGNATURE

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR OF QUELILLE J. Pilober 12/Ma Devine Phone #

:R2E037 (11/98)