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

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 725669**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**02/27/1973**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**65-0184728**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

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

*Marguerite J. Pilcher-Treasurer* DATE **12/Mar/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME CHIPPEAUX, HARRY  
STREET ADDRESS 1308 BILTMORE DR  
CITY-ST-ZIP FT MYERS FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Virginia Micheletti  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 15011 Punta Rassa #904

TITLE VPD ☒ DELETE  
NAME NYQUIST, ANNA M  
STREET ADDRESS 18372 CUTLASS DR  
CITY-ST-ZIP FT MYERS FL 33931

2.1 TITLE Ft. Myers, Fl. 33908 ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP VPD

TITLE TD ☐ DELETE  
NAME PILCHER, MARGUERITE  
STREET ADDRESS 9191 MARIGOLD CT.  
CITY-ST-ZIP FORT MYERS FL

3.1 TITLE Edith Chippeaux ☐ Change ☐ Addition  
3.2 NAME 1308 Biltmore Dr.  
3.3 STREET ADDRESS Ft. Myers, Fl. 33901  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DWORAK, DENNIS  
STREET ADDRESS 2617 SE 20 PL  
CITY-ST-ZIP CAPE CORAL FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME KING, GEORGE  
STREET ADDRESS 2400 BARCELONA AVENUE SE  
CITY-ST-ZIP FT. MYERS FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME WALONICK, CHAR  
STREET ADDRESS 13273 WHITE MARSH LN APT 312  
CITY-ST-ZIP FORT MYERS FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

**SIGNATURE REQUIRED**

*Marguerite J. Pilcher* DATE **12/Mar/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

741-481-3602