

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726303

FILED
Jan 18, 2005
Secretary of State

Entity Name: SOUTHWEST FLORIDA ASSOCIATION OF INSURANCE & FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

18449 PHLOX DR
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

PO BOX 2337
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 23-7317697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASELL, BRIAN
6017 PINE RIDGE RD
#254
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KIRK, ED
Address: 5303 SW 28TH PL
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: HARDIN, R MARK
Address: 2575 TOLEDO BLADE #1
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Delete
Name: DURNWALD, RICHARD
Address: 8191 COLLEGE PKWY #206
City-St-Zip: FT MYERS, FL 33919

Title: P () Delete
Name: CASELL, BRIAN
Address: 6017 PINE RIDGE RD #254
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HARDIN, R MARK
Address: 2575 TOLEDO BLADE #1
City-St-Zip: NORTH PORT, FL 34286

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASELL, BRIAN
Address: 6017 PINE RIDGE RD #254
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED KIRK

S

01/18/2005

Electronic Signature of Signing Officer or Director

Date