

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90026 006 ****61.25

DOCUMENT # 753997

1. Entity Name

SOUTHWEST FLORIDA ARCHAEOLOGICAL SOCIETY, INC.



Principal Place of Business

27655 KENT ROAD
BONITA SPRINGS FL 34135
US

Mailing Address

27655 KENT ROAD
BONITA SPRINGS FL 34135
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2541973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMAN, CHARLES C.
791 10TH STREET SOUTH
NAPLES FL 33940

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME FRANCINO, THOMAS
STREET ADDRESS 1250 N TAMiami TRAIL #302
CITY-STATE-ZIP NAPLES FL 34102

TITLE D ☐ Delete
NAME THOMPSON, JACK
STREET ADDRESS 576 RETREAT DRIVE #202
CITY-STATE-ZIP NAPLES FL

TITLE T ☐ Delete
NAME STRADER, CHARLES
STREET ADDRESS 27655 KENT RD
CITY-STATE-ZIP BONITA SPRINGS FL 34135

TITLE D ☐ Delete
NAME BERIAULT, JOHN
STREET ADDRESS 1048 FRANK WHITEMAN BLVD
CITY-STATE-ZIP NAPLES FL 34103

TITLE P ☒ Delete
NAME TORRENCE, CORBETT
STREET ADDRESS 15770 LAKE CANDLEWOOD DR
CITY-STATE-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☒ Addition
NAME P
STREET ADDRESS SCHUBER, THERESA
CITY-STATE-ZIP 15770 LAKE CANDLEWOOD DR
FORT MYERS, FL 33908

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS KAREN NELSON
CITY-STATE-ZIP 2646 COCONUT DR
SANIBEL, FL 33957

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Strader CHARLES STRADER

2/20/07 2399929660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #