

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755066

FILED
Apr 27, 2007
Secretary of State

Entity Name: SOUTHWEST FLORIDA CHAPTER OF THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, INC.

Current Principal Place of Business:

5129 CASTELLO DR
STE 1
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

5129 CASTELLO DR
STE 1
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2142316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD
5129 CASTELLO DRIVE
STE 2
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

WOLLMAN, EDWARD
5129 CASTELLO DRIVE
STE 1
NAPLES, FL 34103 US

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:

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOLLMAN, EDWARD
Address: 5129 CASTELLO DRIVE #1
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: MUZI, CHARLES E
Address: 4851 N TAMiami TRAIL #202
City-St-Zip: NAPLES, FL 34103

Title: PSD () Delete
Name: JEPSON, PETER
Address: 5137 CASTELLO DRIVE #2
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: DOLAN, KEVIN
Address: 8880 TAMiami TRAIL N
City-St-Zip: NAPLES, FL 34147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER JEPSON

PSD

04/27/2007

Electronic Signature of Signing Officer or Director

Date