

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 2-21-96

B-1388

NC

DOCUMENT # 759675 (2)

1. Corporation Name

ADVERTISING FEDERATION OF SOUTHWEST FLORIDA, INC

Principal Place of Business

P O BOX 38
FT MYERS FL 33902

Mailing Address

P O BOX 38
FT MYERS FL 33902

3. Date Incorporated or Qualified
08/19/1981

3a. Date of Last Report
11/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1794897

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILES, CHARLES B
12539 BARRINGTON CT. SW
FT MYERS FL 33908

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FIRESTONE, GARY
STREET ADDRESS 31 BARKLEY CIRCLE, STE. 2A
CITY-ST-ZIP FT. MYERS FL 33907

TITLE VP ☐ DELETE

NAME STILES, CHARLES B
STREET ADDRESS 12539 BARRINGTON CT. S.W.
CITY-ST-ZIP FT. MYERS FL 33908

TITLE VP ☐ DELETE

NAME GOLDSMITH, KERRIE
STREET ADDRESS 12800 UNIVERSITY DR., STE. 660
CITY-ST-ZIP FT MYERS FL 33907

TITLE D ☐ DELETE

NAME WAITES, WILLIAM
STREET ADDRESS 6296 CORPORATE COURT, STE. B-202
CITY-ST-ZIP FT. MYERS FL 33919

TITLE D ☐ DELETE

NAME HURST, LESLIE
STREET ADDRESS 2442 DR. MARTIN LUTHER KING JR.
CITY-ST-ZIP FT. MYERS FL 33901

TITLE D ☐ DELETE

NAME SHORT, VANNA
STREET ADDRESS CHANNEL 30 DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 33923

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Charles B. Stiles

Feb 15, 1996 275-3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)