


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759675** (2)  
1. Corporation Name  
**ADVERTISING FEDERATION OF SOUTHWEST FLORIDA, INC**

Principal Place of Business Mailing Address  
**P O BOX 38 FT MYERS FL 33902**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified	Applied For
<b>08/19/1981</b>	<input type="checkbox"/> Not Applicable
4. FEI Number	
<b>59-1794897</b>	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>STILES, CHARLES B 12539 BARRINGTON CT. SW FT MYERS FL 33908</b>	81 Name <b>Goldsmith, Kerri Stiles, Charles B.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>448 CR 951 Spyglass Court</b> 83 <b>33903</b> 84 City <b>NAPLES NORTH FT. MYERS FL</b> 85 Zip Code <b>33903</b>

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 **Charles B. Stiles, Immediate Past President/Director 2/7/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIKE BRENNAND</b>	1.2 NAME	
STREET ADDRESS	<b>5498 GOVERNORS DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STILES, CHARLES B</b>	2.2 NAME	<b>STILES, CHARLES B</b>
STREET ADDRESS	<b>12539 BARRINGTON CT. S.W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	<b>FT MYERS, FL</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSMITH, KERRIE</b>	3.2 NAME	<b>GOLDSMITH, KERRI</b>
STREET ADDRESS	<b>12800 UNIVERSITY DR., STE. 660</b>	3.3 STREET ADDRESS	<b>448 CR 951</b>
CITY-ST-ZIP	<b>FT MYERS FL 33907</b>	3.4 CITY-ST-ZIP	<b>NAPLES, FL 34119</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAITES, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>6296 CORPORATE COURT, STE. B-202</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARY FUESS</b>	5.2 NAME	
STREET ADDRESS	<b>PO BOX 3848 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHORT, VANNA</b>	6.2 NAME	<b>ABEABACH, VICKI</b>
STREET ADDRESS	<b>CHANNEL 30 DRIVE</b>	6.3 STREET ADDRESS	<b>4309 SW 26th AVE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>	6.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>

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. **Kerri Goldsmith, President and Director**

SIGNATURE: **Kerri Goldsmith** 1/12/98

CR2E037 (10/97)