

DOCUMENT # 759675

1. Entity 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 33902-0038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1794897

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

Name

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

City

FL

Zip Code

STILES, CHARLES B
9788 SPYGLASS COURT
N FT MYERS FL 33903

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MIKE BRENNAND	
STREET ADDRESS	5496 GOVERNORS DR.	
CITY-ST-ZIP	FT. MYERS FL 33907	

TITLE	D	<input type="checkbox"/> Delete
NAME	STILES, CHARLES B	
STREET ADDRESS	12539 BARRINGTON CT. S.W.	
CITY-ST-ZIP	FT. MYERS FL 33903	

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSMITH, KERRIE	
STREET ADDRESS	17020 WILLOWCREST WAY	
CITY-ST-ZIP	FT. MYERS FL 33908	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAY, STEPHEN	
STREET ADDRESS	400 5TH AVE SO STE 202	
CITY-ST-ZIP	FT. MYERS FL 34102	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARY FUESS	
STREET ADDRESS	PO BOX 3648 N/A	
CITY-ST-ZIP	FT. MYERS FL 33918	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCANLAN, GENE	
STREET ADDRESS	596 3RD ST N	
CITY-ST-ZIP	NAPLES FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jhanna Tucker	
STREET ADDRESS	9822 Country Oaks	
CITY-ST-ZIP	Fort Myers, FL 33912	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ludmilla Wells	
STREET ADDRESS	10501 FCGU Blvd S	
CITY-ST-ZIP	Fort Myers, FL 33965	

12. 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 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:

SIGNATURE REQUIRED

Stephen Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jhanna Tucker

SHANNA TUCKER 5/8/00 941-267-4699

CR2E037 (9/99)