

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)




FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90211 046 ****61.25

50019405



1st MOORE CR2E037 (10/04)

DOGUMENT # 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	
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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEICHERT, GREGORY L 614 NW 11TH TERRACE CAPE CORAL FL 33993		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 		DATE 2/18/05	
Signature, typed printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME STREET ADDRESS CITY-ST-ZIP	WEICHERT, GREGORY 614 NW 11TH TERRACE CAPE CORAL FL 33993 <input type="checkbox"/> Delete	VP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME STREET ADDRESS CITY-ST-ZIP	RYAN, JOHN 1075 CENTRAL AVE. NAPLES FL 34102 <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME STREET ADDRESS CITY-ST-ZIP	DINDA, ROSEANNE P.O. BOX. 10 FT MYERS FL 33901 <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME STREET ADDRESS CITY-ST-ZIP	GREY, DAVID 1400 COLONIAL BOULEVARD, STE 204 FORT MYERS FL 33907 <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME STREET ADDRESS CITY-ST-ZIP	SUSDORF, LEE 12364-1 WOODROSE COURT FORT MYERS FL 33907 <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME STREET ADDRESS CITY-ST-ZIP	VIRDINLIA, RICK 886 110TH AVE., N, STE. 8 NAPLES FL 34108 <input checked="" type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		T GREEN, MARSHALL 7408 COON ROAD N. Ft. MYERS, FL 33917	
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: 		Vice President 2/18/05 239-945-2525	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	