
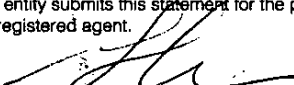
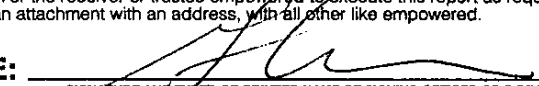


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90064 008 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1794897	
Zip		Country		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  2/2/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEICHERT, GREGORY			NAME	
STREET ADDRESS	614 NW 11TH TERRACE			STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33993			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JOHN			NAME	
STREET ADDRESS	1075 CENTRAL AVE.			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINDA, ROSEANNE			NAME	
STREET ADDRESS	P.O. BOX. 10			STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33901			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREY, DAVID			NAME	
STREET ADDRESS	1400 COLONIAL BOULEVARD, STE 204			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSDORF, LEE			NAME	
STREET ADDRESS	12364-1 WOODROSE COURT			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, MARSHALL			NAME	JERRY HUNNICUTT
STREET ADDRESS	7408 COON ROAD			STREET ADDRESS	4222 SE 6TH PLACE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917			CITY-ST-ZIP	CAPE CORAL, FL 33904
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  2/2/06 239-945-2525 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					