
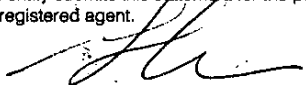
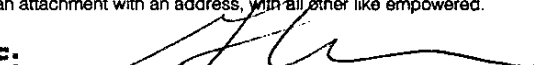


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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		Applied For <input type="checkbox"/> Not Applicable	
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		
			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 		(NOTE: Registered Agent signature required when reinstating)		DATE 2/2/06	
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: 		(NOTE: Registered Agent signature required when reinstating)		DATE 2/2/06 239-945-2525	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <small>Date</small> <small>Daytime Phone #</small>	