

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759793

FILED
Jan 11, 2009
Secretary of State

Entity Name: SOUTHWEST REGIONAL MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business:

12800 UNIVERSITY DRIVE, #300
FORT MYERS, FL 33907

New Principal Place of Business:

12800 UNIVERSITY DRIVE,
#300
FORT MYERS, FL 33907

Current Mailing Address:

12800 UNIVERSITY DRIVE, #300
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 59-2191751 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SADLER, CHESTER
9454 BEGONIA CT.
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GYURE, DOUGLAS
Address: 2685 NE 9TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: V (X) Delete
Name: OTEY, SCOTT
Address: 8090 SUPPLY DR
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete
Name: SMITH, MATT
Address: P.O. BOX 6187
City-St-Zip: FORT MYERS, FL 33911

Title: ED () Delete
Name: SADLER, CHESTER
Address: 9454 BEGONIA COURT
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHESTER SADLER

ED

01/11/2009

Electronic Signature of Signing Officer or Director

Date