


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000000665</b> 1. Entity Name <b>SOUTHWEST FLORIDA DISASTER MEDICAL TEAM INC</b>					
Principal Place of Business <b>1611 MANZANA AVE. PUNTA GORDA FL 33982 US</b>			Mailing Address <b>1153 SE 32 TERRACE CAPE CORAL FL 33904 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>46-0486829</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOWLES, CONNIE L ADMIN 1153 SE 32ND TERRACE CAPE CORAL FL 33904</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 and filed with (relating)) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AO BOWLES, CONNIE L ADMIN 1153 SE 32ND TERRACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000870958 04/09/08-80108-028 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUC GOTTSCHALK, BRUCE 608 SOUTH EAST 30TH LANE CAPE CORAL FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UC HENDRICKSON, ROBERT 3300 SCENIC VIEW DRIVE PUNTA GORDA FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Connie L. Admin*

3/23/08 239-849-9234