

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004682

FILED
Apr 22, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA WATERSHED COUNCIL, INC.

Current Principal Place of Business:

C/O HUMPHREY & KNOTT PA
1625 HENDRY STREET
FORT MYERS, FL 33906

New Principal Place of Business:

Current Mailing Address:

PO BOX 61063
FT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-1129647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, GAREY F
C/O HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET
FORT MYERS, FL 33901 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: D () Delete
Name: RAWL, GREG
Address: POST OFFICE BOX 1604
City-St-Zip: FORT MYERS, FL 33902

Title: D () Delete
Name: ARNOLD, SHARON
Address: 1520 ROYAL PALM SQUARE BLVD., SUITE 160
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: FISHER, MATT
Address: 12800 UNIVERSITY PARK DRIVE, SUITE 400
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: CASSANI, JOHN
Address: 15919 HOMESTEAD RD
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: CASSANI, JOHN
Address: POST OFFICE BOX 60005
City-St-Zip: FORT MYERS, FL 33906

Title: D () Delete
Name: PIGOTT, TAMARA
Address: 12800 UNIVERSITY DRIVE, SUITE 550
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HECKLER, JENNIFER
Address: 1450 MERRIHUE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change () Addition
Name: EVANS, JAMES
Address: 800 DUNLON ROAD
City-St-Zip: SANIBEL, FL 33957

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: SHARON ARNOLD

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date