

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90046 003 ****70.00

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1. Entity Name

ICPI SOUTHWEST FLORIDA CHAPTER, INC



Principal Place of Business

343 INTERSTATE BLVD
SARASOTA FL 34240

Mailing Address

343 INTERSTATE BLVD
SARASOTA FL 34240

40000440



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, DOUGLAS A ESQ.
1000 TAMiami TRAIL N STE 201
NAPLES FL 34102

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 obligation of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DEL DUCA, ANTHONY	
STREET ADDRESS	5780 TAYLOR RD #1	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MULLINS, JEFF	
STREET ADDRESS	5625 TAYLOR RD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROSS, GARY	
STREET ADDRESS	343 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL 33407	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	O'HARA, PAT	
STREET ADDRESS	2738 CENTRAL PK DR	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'CONNOR, DAVID	
STREET ADDRESS	2156 HARLANS RUN	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, CHRIS	
STREET ADDRESS	3135 TERRACE AVE	
CITY-ST-ZIP	NAPLES FL 34104	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ROSS, GARY (PRES)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	343 INTERSTATE BLVD	
STREET ADDRESS	SARASOTA, FL 34240	
CITY-ST-ZIP		
TITLE	CHRIS FITZGERALD (V.P.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3135 TERRACE AVE	
STREET ADDRESS	NAPLES, FL 34104	
CITY-ST-ZIP		
TITLE	KEVIN - SULLIVAN, (BM)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1425 WILKINS PASS RD	
STREET ADDRESS	NAPLES, FL	
CITY-ST-ZIP		
TITLE	John WILKIN (BM)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5625 TAYLOR RD	
STREET ADDRESS	NAPLES, FL 34109 34110	
CITY-ST-ZIP		
TITLE	TANIA COOKE (BM)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 34607	
STREET ADDRESS	BONITA SPRING, FL 34134	
CITY-ST-ZIP		
TITLE	Don Sykes - (TREAS)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	343 INTERSTATE BLVD	
STREET ADDRESS	SARASOTA, FL 34240	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-05 561.662.9666