# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR2)

**FILED**
**Apr 03, 2006 8:00 am**
**Secretary of State**
04-03-2006 90360 048 ****70.00

DOCUMENT # N02000002458

1. Entity Name

ICPI SOUTHWEST FLORIDA CHAPTER, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 343 INTERSTATE BLVD<br>SARASOTA FL 34240 | 343 INTERSTATE BLVD<br>SARASOTA FL 34240 |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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.<br>1000 TAMIAMI TRAIL N STE 201<br>NAPLES FL 34102 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2006**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BM<br>SULLIVAN, KAVIN<br>1425 WIGGINS PASS ROAD<br>NAPLES FL 34104 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>BM<br>JOHN VECHAZONE<br>411 GEMINI BLVD<br>Lehigh FL 33971 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BM<br>WALKER, JOHN<br>5625 TAYLOR RD<br>NAPLES FL 34110 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>BM<br>LYNDON BORROR<br>1702 McGREGOR PKWY CIRCLE<br>FT. MYERS, FL 33905 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ROSS, GARY<br>343 INTERSTATE BLVD<br>SARASOTA FL 33407 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BM<br>COOKE, TANA<br>PO BOX 36607<br>BONITA SPRINGS FL 34136 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BM<br>GENE CUPE<br>2620 JEFFCOTT ST<br>FT. MYERS FL 33901 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SYKES, DON<br>343 INTERSTATE BOULEVARD<br>SARASOTA FL 34240 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>FITZGERALD, CHRIS<br>3135 TERRACE AVE.<br>NAPLES FL 34104 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** _____ 2/14/06 561-662-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #