
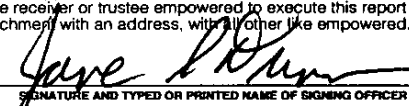


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90120 050 ****61.25

DOCUMENT # N02000005130 1. Entity Name SW FLORIDA FILM SOCIETY, INC.					
Principal Place of Business 755 EIGHTH AVENUE SOUTH NAPLES, FL 34102 US			Mailing Address 755 EIGHTH AVENUE SOUTH NAPLES, FL 34102 US		
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 20-0112625	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTY, MAGGIE 755 EIGHTH AVENUE SOUTH NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNN, JANE S		NAME	JANE S. DUNN	
STREET ADDRESS	9216 SWEETGRASS WAY		STREET ADDRESS	7131 BLUE JUNIPER COURT	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCARTY, MAGGIE		NAME	MARY ELLEN JAMES	
STREET ADDRESS	600 PINE COURT		STREET ADDRESS	940 15th Street South	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	Naples FL 34102	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MINARICH, WILLIAM		NAME	Kyle Williamson	
STREET ADDRESS	644 BOGAINVILLEA ROAD		STREET ADDRESS	999 Vanderbilt Beach Road	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	Naples FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERRY, PAT		NAME	Christina Raab	
STREET ADDRESS	1150 BLUEBIRD		STREET ADDRESS	7645 Mill Stream Drive	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Naples FL 34109	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUMBERT, LES		NAME	Cynthia Robins	
STREET ADDRESS	5601 TURTLE BAY DRIVE		STREET ADDRESS	107 Madison Drive	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	Naples FL 34110	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARRS, DEBORAH		NAME	Mary Margaret Gruszka	
STREET ADDRESS	3490 CROWN POINTE BLVD.		STREET ADDRESS	807 Riverside Drive	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	Naples FL 34102	
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 another like empowered.					
SIGNATURE: 			4/28/05 (239) 596 5531		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		