


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90010 046 ****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 P.O. Box 111960 Suite, Apt. #, etc.		3. Mailing Address 999 Vanderbilt Beach Rd Suite, Apt. #, etc. 601			
City & State Naples		City & State Naples		4. FEI Number 20-0112625	
Zip 34108-0134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 Kyle N. Williamson Street Address (P.O. Box Number is Not Acceptable) c/o CFSE 999 Vanderbilt Beach Rd Suite #601 City Naples FL Zip Code 34108	
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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DP DUNN, JANE S 7131 BLUE JUNIPER COURT NAPLES, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dunn, Jane 7131 Blue Juniper Ct #102 Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTY, MAGGIE 600 PINE COURT NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raab, Christina 7695 Mill Stream Drive Naples, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JAMES, MARY ELLEN 940 5TH STREET SOUTH NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Williamson, Kyle 999 Vanderbilt Beach Rd #601 Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMSON, KYLE 949 VANDERBILT BEACH ROAD NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dobyns, Cynthia 107 Madison Drive Naples, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAAD, CHRISTINA 7695 MILL STREAM DRIVE NAPLES, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raab, Christina 7695 Mill Stream Drive Naples, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBYNS, CYNTHIA 107 MADISON DRIVE NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dobyns, Cynthia 107 Madison Drive Naples, FL 34110	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jane S Dunn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <u>1/31/06</u> (239) 596 3531 <small>Daytime Phone #</small>					

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