

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005397

1. Entity Name
**SOUTHWEST FLORIDA BANKRUPTCY PROFESSIONAL
ASSOCIATION, INC.**



Principal Place of Business
**3443 HANCOCK BRIDGE PKWY
NORTH FORT MYERS, FL 33902-2800**

Mailing Address
**PO BOX 61169
FORT MYERS, FL 33906**



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0022501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SZABO, DOUGLAS B
1715 MONROE STREET
FORT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURNETT, PHILIP L
STREET ADDRESS	2449 FIRST STREET
CITY - ST - ZIP	FT MYERS, FL 33901
TITLE	D
NAME	JENSEN, DIANE
STREET ADDRESS	1833 HENDRY STREET
CITY - ST - ZIP	FT MYERS, FL 33901
TITLE	D
NAME	SZABO, DOUGLAS B
STREET ADDRESS	1715 MONROE STREET
CITY - ST - ZIP	FT MYERS, FL 33901
TITLE	D
NAME	LEASURE, JEFFREY
STREET ADDRESS	1342 COLONIAL BLVD
CITY - ST - ZIP	FT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000189609
01/24/05-80102-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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

1/18/05

239-275-797