2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N02000005397

Entity Name: SOUTHWEST FLORIDA BANKRUPTCY PROFESSIONAL ASSOCIATION, INC.

Current Principal Place of Business:

3443 HANCOCK BRIDGE PKWY
NORTH FORT MYERS, FL 339022800

New Principal Place of Business:

Current Mailing Address:

PO BOX 61169
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 27-0022501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: JOHNSTON, RICHARD PRES.
Address: 2121 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 33901

Title: O ( ) Delete
Name: ZINN, BRIAN D TRES
Address: 1515 BROADWAY
City-St-Zip: FT MYERS, FL 33901

Title: O ( ) Delete
Name: CHAMPEAU, GREGORY A VP
Address: 2430 SHADOWLAWN DRIVE, SUITE 18
City-St-Zip: NAPLES, FL 34112

Title: O ( ) Delete
Name: HOLLANDER, RICHARD SEC
Address: 2430 SHADOWLAWN DRIVE, SUITE 18
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: TARDIF, ROBERT TRES
Address: 2430 SHADOWLAWN DRIVE, SUITE 18
City-St-Zip: NAPLES, FL 34112

Title: O (X) Change ( ) Addition
Name: ZINN, BRIAN D SEC
Address: 1515 BROADWAY
City-St-Zip: FT MYERS, FL 33901

Title: O (X) Change ( ) Addition
Name: CHAMPEAU, GREGORY A PRES
Address: 2430 SHADOWLAWN DRIVE, SUITE 18
City-St-Zip: NAPLES, FL 34112

Title: O (X) Change ( ) Addition
Name: HOLLANDER, RICHARD VP
Address: 2430 SHADOWLAWN DRIVE, SUITE 18
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY A. CHAMPEAU PRES 02/09/2009

Electronic Signature of Signing Officer or Director — Date