


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90114 043 ****70.00

DOCUMENT # N02214 1. Entity Name WORKFORCE COUNCIL OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 4150 FORD ST EXT FORT MYERS, FL 33916				Mailing Address 4150 FORD ST EXT FORT MYERS, FL 33916	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEUMAN, AL 4150 FORD ST EXT FORT MYERS, FL 33916				Name MARY HAVENER Street Address (P.O. Box Number is Not Acceptable) 4150 FORD STREET EXT City FORT MYERS	
				FL Zip Code 33916	
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 <u><i>Mary Havener</i></u> MARY HAVENER, EXECUTIVE DIRECTOR <u>1/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VP SNEDIKER, TOM 101 COLONADE CIR NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN JOHN BROWN 8099 COLLEGE PARKWAY FORT MYERS, FL 33919
		<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEYES, PHILLIP H 320 FRASER AVE LABELLE, FL 33975	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN DR GERI McARDLE 2350 W FIRST STREET, #202 FORT MYERS, FL 33901
		<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEWMAN, ROBERT 1708 PALACO GRANDE PKWY CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
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><i>John Brown II</i></u> JOHN BROWN <u>1/22/07</u> 239-489-9201 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

