2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# N04000000970

Entity Name: SOUTHWEST FLORIDA SPORTS FOUNDATION, INC.

Current Principal Place of Business:

2783 ISLAND POND LANE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2783 ISLAND POND LANE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 20-0687685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, BYRD A
2783 ISLAND POND LANE
NAPLES, FL 34119 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: CRAWFORD, BYRD A
Address: 2783 ISLAND POND LANE
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Change (X) Addition
Name: MJOEN, ROGER L
Address: 10231 WINDSOR WAY
City-St-Zip: NAPLES, FL 34109

Title: SEC ( ) Change (X) Addition
Name: MJOEN, ROGER L
Address: 10231 WINDSOR WAY
City-St-Zip: NAPLES, FL 34119

Title: TREA ( ) Change (X) Addition
Name: TOMLINSON, RICHARD L
Address: 200 VINTAGE CIRCLE, #402
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BYRD A. CRAWFORD PRES 01/10/2005

Electronic Signature of Signing Officer or Director — Date