


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000000970 1. Entity Name SOUTHWEST FLORIDA SPORTS FOUNDATION, INC.	
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Principal Place of Business 2783 ISLAND POND LANE NAPLES, FL 34119	Mailing Address 2783 ISLAND POND LANE NAPLES, FL 34119
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0687685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAWFORD, BYRD A 2783 ISLAND POND LANE NAPLES, FL 34119
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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, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CRAWFORD, BYRD A 2783 ISLAND POND LANE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MJOEN, ROGER L 10231 WINDSOR WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MJOEN, ROGER L 10231 WINDSOR WAY NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA TOMLINSON, RICHARD L 200 VINTAGE CIRCLE, #402 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/22/07-80001-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **2/12/07 239-592-6550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #