

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007816

FILED
Apr 27, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA AQUATICS FOUNDATION, INC.

Current Principal Place of Business:

2918 LONE PINE LANE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2918 LONE PINE LANE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 20-3310264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUZANNE, SUZANNE
2918 LONE PINE 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: D () Delete
Name: SLAGHT, CHARLES
Address: 2918 LONE PINE LANE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: SLAGHT, SUZANNE
Address: 2918 LONE PINE LANE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: SLAGHT, ERIN J
Address: 2918 LONE PINE LANE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES SLAGHT

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date