

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012845

FILED
Feb 11, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA BOBCATS, INC.

Current Principal Place of Business:

5014 BILLINGS STREET
LEHIGH ACRES, FL 33971

New Principal Place of Business:

1518 SENIOR CT
LEHIGH ACRES, FL 33971

Current Mailing Address:

5014 BILLINGS STREET
LEHIGH ACRES, FL 33971

New Mailing Address:

P.O. BOX 507
LEHIGH ACRES, FL 33970

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTLE, TOMMIE L JR
5014 BILLINGS STREET
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

BATTLE, TOMMIE L JR
1518 SENIOR CT
LEHIGH ACRES, FL 33971 US

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:

02/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BATTLE, TOMMIE L JR
Address: 5014 BILLINGS STREET
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: BATTLE, CYNTHIA R
Address: 5014 BILLINGS STREET
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: BROWN, JOHNNY M
Address: 5014 BILLINGS STREET
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: JOSE, NIETO
Address: 5014 BILLINGS STREET
City-St-Zip: NAPLES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: BATTLE, TOMMIE L JR
Address: P.O. BOX 507
City-St-Zip: LEHIGH ACRES, FL 33970

Title: MRS (X) Change () Addition
Name: BATTLE, CYNTHIA R
Address: P.O. BOX 507
City-St-Zip: LEHIGH ACRES, FL 33970

Title: MR (X) Change () Addition
Name: BROWN, JOHNNY M
Address: P.O. BOX 507
City-St-Zip: LEHIGH ACRES, FL 33970

Title: MR (X) Change () Addition
Name: JOSE, NIETO
Address: P.O. BOX
City-St-Zip: NAPLES, FL 33970

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: TOMMIE L. BATTLE, JR.

MR

02/11/2009

Electronic Signature of Signing Officer or Director

Date