

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001948

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: GW SERVICES OF SWFL, INC.

**Current Principal Place of Business:**

4940 BAYLINE DRIVE  
N FT. MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

4940 BAYLINE DRIVE  
N FT. MYERS, FL 33917

**New Mailing Address:**

FEI Number: 77-0673657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIVITO, JOSEPH A  
4514 CENTRAL AVE  
ST PETERSBURG, FL 33711 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: EVANCHYK, RICK  
Address: 11900 PRINCE CHARLES  
City-St-Zip: CAPE CORAL, FL 33991

Title: D ( ) Delete  
Name: SULLIVAN, MICHAEL  
Address: 15000 OLD 41 NORTH  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: SMITH, PATRICK  
Address: 4940 BAYLINE DRIVE  
City-St-Zip: N FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: SIMMONS, JON A  
Address: 3550 METRO PARKWAY  
City-St-Zip: FT MYERS, FL 33916

**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:

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: STACEY PIANKA

DIR

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date