2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N07000003614

Entity Name: SOUTHWEST FLORIDA CHILDREN'S CRANIAL AND FASCIAL FOUNDATION, INC.

Current Principal Place of Business:

1415 HENDRY STREET
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1415 HENDRY STREET
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, SAWYER C
1415 HENDRY STREET
FORT MYERS, FL 33901 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: SMITH, SAWYER
Address: 1415 HENDRY STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: D ( ) Delete
Name: SMITH, BRIDIE
Address: 1415 HENDRY STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: D ( ) Delete
Name: PECK, DAVID
Address: 1033 BAL ISLE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: D ( ) Delete
Name: RANDOLPH, STEVEN
Address: 21720 EDWARDS DRIVE
City-St-Zip: FORT MYERS, FL 33920 US

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: SAWYER SMITH D 04/24/2009
Electronic Signature of Signing Officer or Director — Date