2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005300

City-St-Zip:

ESTERO, FL 33928

Entity Name: 1ST FRIDAYS OF SWFLA, INC.

FILED May 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2828 JACKSON STREET 3318 STELLA STREET FORT MYERS, FL 33916 FORT MYERS, FL 33901 **New Mailing Address: Current Mailing Address:** P.O. BOX 2179 FORT MYERS, FL 33902 FEI Number: 87-0771020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REED, BEVERLY V 2828 JACKSON STREET UNIT 17 FORT MYERS, FL 33901 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition REED, BEVERLY V REED, BEVERLY V Name: Name: 2828 JACKSON STREET, UNIT I-7 Address: 4256 LIRON AVENUE, #203 Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33916 Title: () Delete Title: () Change () Addition STEWART, FRANCES Name: Name: Address: 2000 SW 32ND STREET Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: SEC () Delete Title: () Change () Addition SHARP, FLORA Name: Name: Address: 2733 COLONIAL BLVD., #204 Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: TRE () Delete Title: () Change () Addition HAYWARD, ARCHIE Name: Name: Address: 1949 HIGH STREET Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: Title: () Delete Title: () Change () Addition PARKINSON, SHELLY Name: Name: 20769 TORRE DEL LAGO STREET Address: Address:

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.

City-St-Zip:

SIGNATURE: BEVERLY V. REED PRES 05/09/2008