

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003854

FILED
Jan 19, 2009
Secretary of State

Entity Name: SW FLORIDA WOODWORKERS GUILD, INC.

Current Principal Place of Business:

1927 SE 19TH LANE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1927 SE 19TH LANE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCANS, JAMES W
15550 BURNT STORE ROAD #28
PUNTA GORDA, FL 33955 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: DP () Delete
Name: EGMORE, THOMAS A
Address: 1927 SE 19TH LANE
City-St-Zip: CAPE CORAL, FL 33990

Title: DV () Delete
Name: MCCANS, JAMES W
Address: 15550 BURNT STORE ROAD #28
City-St-Zip: PUNTA GORDA, FL 33955

Title: DS (X) Delete
Name: JONES, JERALD L
Address: 4004 SW 2ND AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: DT () Delete
Name: NIGHTINGALE, BARARA D
Address: 4260 PERTH COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

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: DST (X) Change () Addition
Name: NIGHTINGALE, BARARA D
Address: 4260 PERTH COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

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: THOMAS A. EGMORE

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01/19/2009

Electronic Signature of Signing Officer or Director

Date