## 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N11000004186

FILED Oct 30, 2014 Secretary of State

Entity Name: ICRI SOUTHWEST FLORIDA CHAPTER INC.

Current Principal Place of Business: New Principal Place of Business:

6900 DANIELS PARKWAY SUITE #29 - 101

FORT MYERS, FL 33912 US

Current Mailing Address: New Mailing Address:

6900 DANIELS PARKWAY, #29 6900 DANIELS PARKWAY PO BOX 101 SUITE #29 - 101

FORT MYERS, FL 33912 US FORT MYERS, FL 33912 US

FEI Number: 45-2034191 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TIETSORT, TREE T

6900 DANIELS PARKWAY

SUITE #29 - 101

FORT MYERS, FL 33912 US

NAIRN, JEFF

6900 DANIELS PARKWAY

SUITE #29 - 101

FORT MYERS, FL 33912 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: JEFF NAIRN 10/30/2014

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: NAIRN, JEFF

Address: 6900 DANIELS PARKWAY #29, BOX 101

City-St-Zip: FORT MYERS, FL 33912 US

Title: VP

Name: MARON, GERARD

Address: 6900 DANIELS PARKWAY #29, BOX 101

City-St-Zip: FORT MYERS, FL 33912 US

Title: SEC

Name: GARLICK, ALENE

Address: 6900 DANIELS PARKWAY #29, BOX 101

City-St-Zip: FORT MYERS, FL 33912 US

Title: TRE

Name: SANDRU, RICHARD

Address: 6900 DANIELS PARKWAY #29, BOX 101

City-St-Zip: FORT MYERS, FL 33912 US

Title: DIR

Name: HUSEMAN, RICHMOND

Address: 6900 DANIELS PARKWAY #29, BOX 101

City-St-Zip: FORT MYERS, FL 33912 US

Title: DIR

Name: THIRION, DAVID

Address: 6900 DANIELS PARKWAY #29, BOX 101

City-St-Zip: FORT MYERS, FL 33912 US

I hereby 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 all other like empowered.

SIGNATURE: JEFF NAIRN P 10/30/2014