

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010352

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** USAFA SOUTHWEST FLORIDA PARENT'S CLUB, INC.

**Current Principal Place of Business:**

3901 UPOLO DR  
NAPLES, FL 34120

**New Principal Place of Business:**

3901 UPOLO LN.  
NAPLES, FL 34119

**Current Mailing Address:**

3901 UPOLO DR  
NAPLES, FL 34120

**New Mailing Address:**

3901 UPOLO LN.  
NAPLES, FL 34119

**FEI Number:** 30-0706584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STEUBER, JULIE  
2189 VARDIN PL  
NAPLES, FL 34120 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: PD  
Name: HIBBARD, MAUREEN  
Address: 3901 UPOLO LN  
City-St-Zip: NAPLES, FL 34119

Title: TD  
Name: HIBBARD, KEVIN  
Address: 3901 UPOLO LN  
City-St-Zip: NAPLES, FL 34119

Title: SD  
Name: COONER, SHERRI  
Address: 3901 UPOLO DR  
City-St-Zip: NAPLES, FL 34120

Title: D  
Name: STEUBER, JULIE  
Address: 3901 UPOLO DR  
City-St-Zip: NAPLES, FL 34120

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: MAUREEN HIBBARD

PD

03/07/2012

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

\_\_\_\_\_  
Date