

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17309

Entity Name: SAWCC, INC.

FILED
Feb 02, 2004
Secretary of State**Current Principal Place of Business:**P.O. BOX 10102
NAPLES, FL 34101 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 10102
NAPLES, FL 34101 US**New Mailing Address:**

FEI Number: 59-2752895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:FISHBANE, JONATHAN D ESQ.
ROETZEL AND ADDRESS
850 PARK SHORE DRIVE
NAPLES, FL 34103 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: PRES () Delete
Name: PLATT, ROBERTA
Address: 249 PINEHURST COURT
City-St-Zip: NAPLES, FL 34113Title: SECY () Delete
Name: GOLDEN, SUSAN
Address: 2264 CLIPPER WAY
City-St-Zip: NAPLES, FL 34104Title: D () Delete
Name: TESTER, FRANKIE ANNE
Address: 848 FIRST AVENUE NORTH #350
City-St-Zip: NAPLES, FL 34102Title: D () Delete
Name: BRAENDLE, DEBORAH
Address: 25181 BAY CEDAR DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134Title: CEO () Delete
Name: HERRMANN, KATHY
Address: P. O. BOX 10102
City-St-Zip: NAPLES, FL 34101Title: D () Delete
Name: CARLSON, GARY
Address: 5155 12TH AVENUE SW
City-St-Zip: NAPLES, FL 34116**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: RULE, WILLIAM A
Address: 2170 48TH STREET SW
City-St-Zip: NAPLES, FL 34116Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TREA (X) Change () Addition
Name: KELLER, DANIEL
Address: 1167 THIRD STREET SOUTH
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHY HERRMANN

CEO

02/02/2004

Electronic Signature of Signing Officer or Director

Date