FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:13

DOCUMENT # N22557 (5)

1. Corporation Name
SOUTHWEST FLORIDA LEAGUE OF CITIES, INC.

Principal Place of Business	Mailing Address
1833 HENDRY ST. FORT MYERS FL 33902	P.O.BOX 9442 FT. MAYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1987
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1712699 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PARKER, JANE
~~1420 JACKSON ST.~~
P O BOX 9244
FORT MYERS FL 33902

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1833 Hendry Street
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	~~SMITH, GEORGE K.~~	1.2 NAME	Alan Korest
STREET ADDRESS	~~POST OFFICE BOX 951 N/A~~	1.3 STREET ADDRESS	735 Eight Street South
CITY-ST-ZIP	~~ARCADIA FL~~	1.4 CITY-ST-ZIP	Naples, Fl 33940
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	~~SETHMAN, ROBERT~~	2.2 NAME	Harold Eaton
STREET ADDRESS	PO BOX 150027	2.3 STREET ADDRESS	P.O. Box 150027 N/A
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral, Fl 33915
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PITTMAN, RAYMOND	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 698 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WALLY, KAIN	4.2 NAME	
STREET ADDRESS	800 DUNLOP RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BASHAW, RICHARD	5.2 NAME	
STREET ADDRESS	POST OFFICE BOX 2217 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, JANE M	6.2 NAME	
STREET ADDRESS	1833 HENDRY STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane M. Parker 1/24/95 813-334-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jane M. Parker

0059026