

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90037 034 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23848

1. Corporation Name

**SOUTHWEST FLORIDA SOCIETY OF THE INSTITUTE OF CE
RTIFIED FINANCIAL PLANNERS, INC.**

Principal Place of Business

POST OFFICE BOX 870
ESTERO FL 33928-0870

Mailing Address

POST OFFICE BOX 870
ESTERO FL 33928-0870



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/14/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2866257

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERS, JAMES
17230 S. TAMiami TRAIL
FT. MYERS FL 33908-4541**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **APPLEGATE, JAMES H**
STREET ADDRESS **6700 WINKLER ROAD SUITE #2**
CITY-ST-ZIP **FORT MYERS FL 33919**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **ARLENE R. FOREMAN**
1.3 STREET ADDRESS **4841 SPRINGLINE DR**
1.4 CITY-ST-ZIP **FORT MYERS, FL 33919-4607**

TITLE **D** ☐ DELETE
NAME **ANDERS, JAMES**
STREET ADDRESS **17230 S. TAMiami TRAIL**
CITY-ST-ZIP **FORT MYERS FL 33908**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **VERTICH, JAMES**
STREET ADDRESS **1510 ROYAL PALM SQUARE BLVD STE 103**
CITY-ST-ZIP **FT MYERS FL 33906**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **KINGSTON, JOHN**
STREET ADDRESS **6700 WINKLER RD STE 2**
CITY-ST-ZIP **FT MYERS FL 33919**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **CD** ☒ DELETE
NAME **ROSENBERG, LAWRENCE**
STREET ADDRESS **3635 WINKLER AVENUE, #724**
CITY-ST-ZIP **FT. MYERS FL 33906**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SUZANNE C. LOW**
STREET ADDRESS **5051 CASTELLO DRIVE, STE 252**
CITY-ST-ZIP **NAPLES, FL 34103**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 941/489-3080
Date Daytime Phone #

CR2E037_ (1/98)

0061163