

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24757 (9)**
1. Corporation Name
THE CHAMBER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address
**1520 ROYAL PALM SQUARE BLVD.
SUITE 210
FT. MYERS FL 33919
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/09/1988** 3a. Date of Last Report **04/27/1994**
4. FEI Number **65-0028894** 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 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**TIREY, STEPHEN T.
1002 SW 21ST AVENUE
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent
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 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 607.050 Florida Statutes.

SIGNATURE *Stephen T. Tirey, President, Chamber Inc.* DATE **4/25/95**
Signature, typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE C
NAME **MARKHAM, GAIL**
STREET ADDRESS **8361 PRESIDENTIAL CT.**
CITY-ST-ZIP **FORT MYERS FL**
TITLE PD
NAME **TIREY, STEPHEN T.**
STREET ADDRESS **1002 SE 21ST AVENUE**
CITY-ST-ZIP **CAPE CORAL FL**
TITLE TD
NAME **VALENTI, WILLIAM**
STREET ADDRESS **P. O. BOX 2529 N/A**
CITY-ST-ZIP **FT. MYERS FL**
TITLE D
NAME **JAMES, JOHN**
STREET ADDRESS **13099 US 41 SE, SUITE 410**
CITY-ST-ZIP **FORT MYERS FL**
TITLE D
NAME **GILES, THOMAS**
STREET ADDRESS **4518-3 DEL PARDO BLVD**
CITY-ST-ZIP **CAPE CORAL FL**
TITLE D
NAME **HILL, OLIN**
STREET ADDRESS **2804 DEL PRADO BLVD., SUITE 107**
CITY-ST-ZIP **CAPE CORAL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME **MANITZ, MARK**
4.3 STREET ADDRESS **13099 US 41 SE, SUITE 410**
4.4 CITY-ST-ZIP **FORT MYERS, FL**
5.1 TITLE Change Addition
5.2 NAME **SCHMOYER, JERRY**
5.3 STREET ADDRESS **9200 BONITA BEACH ROAD, #101**
5.4 CITY-ST-ZIP **BONITA SPRINGS, FL**
6.1 TITLE Change Addition
6.2 NAME **TRAKER, SHERRY**
6.3 STREET ADDRESS **12689 NEW BRITANNY BLVD.**
6.4 CITY-ST-ZIP **FORT MYERS, FL**

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 110.07(3)(k), 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 in the attachment with an address.

SIGNATURE: *Steve Tirey* DATE **4/25/95** PHONE **519-998-4001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVE TIREY, PRESIDENT