

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N24757** (9)

1. Corporation Name

THE CHAMBER OF SOUTHWEST FLORIDA, INC.



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

3. Date Incorporated or Qualified: 02/09/1988
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0028894
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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, 83, 84 City, 85 Zip Code (FL)

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: Steve Tirey, President (with signature) DATE: 4/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE: C	MARKHAM, GAIL 6361 PRESIDENTIAL CT. FORT MYERS FL	1.1 TITLE: <input checked="" type="checkbox"/> DELETE	1.2 NAME: NULMAN, JAMES
TITLE: PD	TIREY, STEPHEN T. 1002 SE 21ST AVENUE CAPE CORAL FL	1.3 STREET ADDRESS: P.O. Box 280 N/A	1.4 CITY-ST-ZIP: Fort Myers, Florida
TITLE: TD	VALENTI, WILLIAM P. O. BOX 2529 N/A FT. MYERS FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	MANITZ, MARK 13099 U.S. 41 S.E., STE. 410 FT. MYERS FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	SCHMOYER, JERRY 9200 BONITA BEACH RD., STE. 101 BONITA SPRINGS FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	TUCKER, SHERRY 12689 NEW BRITTANY BLVD. FT. MYERS FL	5.1 TITLE: <input checked="" type="checkbox"/> DELETE	5.2 NAME: MARTIN, ROSS
			5.3 STREET ADDRESS: 12610 New Brittany Blvd
			5.4 CITY-ST-ZIP: 30000 1829063
			5.5: -05/20/96--01040--004
			5.6: ***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(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 on an attachment with an address.

SIGNATURE: Steve Tirey, President (with signature) DATE: 4/25/96 DAYTIME PHONE #: 941-878-4001

CR2E037 (12/95)