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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N24757

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

02/09/1988

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

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
 Tirey, Stephen T.
 82 Street Address (P.O. Box Number is Not Acceptable)
 1520 Royal Palm Square Blvd. Suite 210
 83
 84 City Fort Myers FL 85 Zip Code 33919

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 *Stephen T. Tirey* PRESIDENT (STEPHEN T. TIREY)

4/7/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NULMAN, JAMES	
STREET ADDRESS	PO BOX 280 N/A	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TIREY, STEPHEN T.	
STREET ADDRESS	1002 SE 21ST AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHAIPEL, CLIFF	
STREET ADDRESS	12660 WORLD PLAZA LANE	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHIDDEN, GROVER	
STREET ADDRESS	1926 VICTORIA AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SCHMOYER, JERRY	
STREET ADDRESS	9200 BONITA BEACH RD., STE. 101	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SABEAN, BRAIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT. MYERS FL 33912	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Willenbacher, Leo	
1.3 STREET ADDRESS	2201 Owanita Road	
1.4 CITY-ST-ZIP	Alva, FL 33920	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tirey, Stephen T.	
2.3 STREET ADDRESS	1520 Royal Palm Square Blvd.	
2.4 CITY-ST-ZIP	Fort Myers, FL 33919	
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ChaipeL, Cliff	
3.3 STREET ADDRESS	12660 World Plaza Lane	
3.4 CITY-ST-ZIP	Fort Myers, FL 33907	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Allgood, Jim	
4.3 STREET ADDRESS	13099 S. Cleveland Avenue	
4.4 CITY-ST-ZIP	Fort Myers, FL 33907	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Schmoyer, Jerry	
5.3 STREET ADDRESS	24301 Walden Center Drive, Ste. 300	
5.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Sabean, Brian	
6.3 STREET ADDRESS	10491 Six Mile Cypress Pkwy.	
6.4 CITY-ST-ZIP	Fort Myers, FL 33912	

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: *Stephen T. Tirey* PRESIDENT (STEPHEN T. TIREY)

4/7/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)