


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90149 030 ****61.25

DOCUMENT # N24757 1. Entity 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
--	--

DO NOT WRITE IN THIS SPACE



01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0028894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIREY, STEPHEN T.
1520 ROYAL PALM SQ. BLVD., STE 210
FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, THOMAS 1520 ROYAL PALM SQUARE BLVD #210 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIREY, STEPHEN T. 1520 ROYAL PALM SQUARE BLVD., #210 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEST, JOHN <i>Pis delete</i> 636 DEL PRADO BLVD S CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIDDEN, GROVER 1926 VICTORIA AVE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BORDEN, DAVID 2600 GOLDEN GATE PKWY NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEELER, JOSEPH PO BOX 60299 FORT MYERS, FL 33906

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:  Stephen T. Tirey Date 3/30/06 Daytime Phone # (239) 278-4001