


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90049 013 \*\*\*\*61.25

<b>DOCUMENT # N27556</b>	
1. Entity Name SOUTHWEST FLORIDA SPORTSMAN'S ASSOCIATION, INC.	

Principal Place of Business P O BOX 100691 CAPE CORAL, FL 33910	Mailing Address P O BOX 100691 CAPE CORAL, FL 33910
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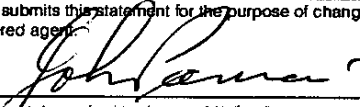
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02202005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  REID, ROBERT L JR. 805 MIRAMAR COURT CAPE CORAL, FL 33904	
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7. Name and Address of New Registered Agent	
Name	PANCARI JOHN
Street Address (P.O. Box Number is Not Acceptable)	3813 MANATEE DRIVE
City	SAINT JAMES CITY, FL
Zip Code	33956

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 	DATE 2/21/05
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PDC
NAME	REID, ROBERT L JR.
STREET ADDRESS	805 MIRAMAR CT
CITY-ST-ZIP	CAPE CORAL, FL 33904
<input type="checkbox"/> Delete	
TITLE	VD
NAME	BODIKER, MICHAEL R
STREET ADDRESS	1438 SW 54TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
<input type="checkbox"/> Delete	
TITLE	SD
NAME	KUEBECK-PETTIT, LISA
STREET ADDRESS	913 CREIGHTON DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33919
<input type="checkbox"/> Delete	
TITLE	TD
NAME	ORLANDO, LORA L
STREET ADDRESS	3115 SE 11TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
<input type="checkbox"/> Delete	
TITLE	D
NAME	IRVIN, CHALMER
STREET ADDRESS	1410 LINCOLN AVE
CITY-ST-ZIP	N. FT MYERS, FL 33917
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PDC
NAME	PANCARI JOHN
STREET ADDRESS	3813 MANATEE DR
CITY-ST-ZIP	ST. JAMES CITY, FL 33956
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD
NAME	HERR JACK
STREET ADDRESS	1044 LOVELY WAY
CITY-ST-ZIP	NORTH FT. MYERS
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD
NAME	MAFFEO, CARL
STREET ADDRESS	923 SW 4TH PLACE
CITY-ST-ZIP	CAPE CORAL, FLORIDA 33991
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD
NAME	Hamp, Lee A.
STREET ADDRESS	1721 SW 6TH AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33991
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D
NAME	Tillotson, Richard
STREET ADDRESS	4550 Key Largo hwy
CITY-ST-ZIP	Bonita Springs FL 34134
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 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 like empowered.	
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SIGNATURE: 	DATE 2/21/05	DAYTIME PHONE # 239-283-5879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		