

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28990

FILED
Apr 02, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA WOODCARVERS EXHIBITION, INC.

Current Principal Place of Business:

CHARLENE LOWE
5721 STONCHAVEN DR
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

CHARLENE LOWE
5721 STONEHAVEN DR
NORTH FORT MYERS, FL 33903 US

Current Mailing Address:

CHARLENE LOWE
5721 STONCHAVEN DR
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

5721 STONEHAVEN DR.
NORTH FORT MYERS, FL 33903

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, CHARLENE A
5721 STONEHAVEN DR
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSEBROCK, KARL
Address: 2420 ARLINGTON ST
City-St-Zip: SARASOTA, FL 34239

Title: P () Delete
Name: FRANZ, JOHN
Address: 8022 GLENN ABBY CIR
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: HUELSEBUSCH, BOB
Address: 13011 LAKE PINS COURT
City-St-Zip: FORT MYERS, FL 33913

Title: T () Delete
Name: LOWE, CHARLENE
Address: 5721 STONEHAVEN DR
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD () Delete
Name: APPES, TED
Address: 3403 BLITMAN ST
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE A. LOWE

T

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date