

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28990

FILED
Feb 11, 2010
Secretary of State

Entity Name: SOUTHWEST FLORIDA WOODCARVERS EXHIBITION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

5721 STONEHAVEN DR.
NORTH FORT MYERS, FL 33903

New Mailing Address:

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

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
Name: ROSEBROCK, KARL
Address: 2420 ARLINGTON ST
City-St-Zip: SARASOTA, FL 34239

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

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

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

Title: SD
Name: APPEL, TED
Address: 3403 BLITMAN ST
City-St-Zip: PORT CHARLOTTE, FL 33981

I hereby 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 all other like empowered.

SIGNATURE: CHARLENE A. LOWE

T

02/11/2010

Electronic Signature of Signing Officer or Director

Date