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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **N38643** (5)

1. Corporation Name
SOUTHWEST FLORIDA FAIR EDUCATIONAL ORGANIZATION, INC.



| | |
|---|---|
| Principal Place of Business 17175 STATE RD 80 ALVA FL 33920 | Mailing Address 17175 STATE RD 80 ALVA FL 33920 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/22/1990 | 3a. Date of Last Report 04/19/1995 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 17175 STATE ROAD 80 | 2a. Mailing Address 28 17175 STATE ROAD 80 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State ALVA FL | 28 City & State ALVA FL |
| 24 Zip 33920 | 25 Country US |
| 29 Zip 33920 | 30 Country US |

| | |
|---|--|
| 4. FEI Number 65-0268820 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

81 Name **DANA M. GOOLSBY**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1785 ATLANTIC AVE**

84 City **N. FT MYERS** 85 State **FL** 86 Zip Code **33903**

10. Name and Address of New Registered Agent

In compliance with 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: Dana M. Goolsby / **DANA M. GOOLSBY** DATE: **6/30/97**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MILLIKEN, BRUCE 1884 DURRANCE ROAD N. FT MYERS FL 33917 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE-PRESIDENT BADGLEY, ROBERT 12171 CLOVER DRIVE FT MYERS, FL 33905 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY SUSAN THOMPSON 608 ELEPHANT WAY N. FT. MYERS FL 33917 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER NANCY ROSINE 526 MONTEREY STREET N. FT MYERS FL 33903 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700002296017-0 -09/17/97--01098--005 *****61.25 *****61.25 | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97

| | | |
|--|---|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PRESIDENT ROY OWEN 17175 STATE ROAD 80 ALVA FL 33920 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VICE-PRESIDENT MARINELL, GREG 18120 HALL ROAD N. FT MYERS FL 33917 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | SECRETARY GOOLSBY, DANA 1785 ATLANTIC AVE N. FT. MYERS FL 33903 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | TREASURER THOMPSON, SUSAN 1217 NE 11TH STREET CAPE CORAL FL 33909 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | A. Alan 9/12/97 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 1E or Block 13 (changed, or on an attachment with an address).

SIGNATURE: Dana M. Goolsby / **DANA GOOLSBY** DATE: **10/20/97** (94D 907-1510)