
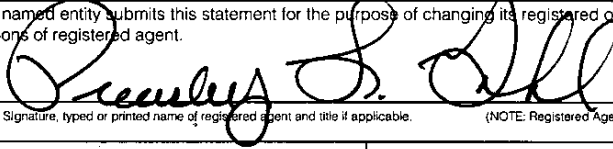
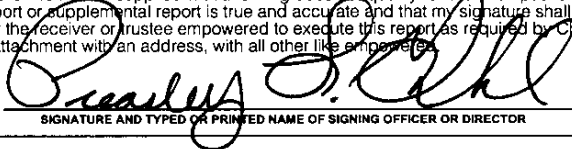


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

06-12-2008 90001 016 \*\*\*\*61.25

<b>DOCUMENT # N39726</b> 1. Entity Name <b>CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHWEST FLORIDA, INC.</b>					
Principal Place of Business <b>MARTIN DE ST. PIERRE 4501 NORTH TAMiami TRAIL NAPLES, FL 34103 US</b>			Mailing Address <b>MARTIN DE ST. PIERRE 4501 NORTH TAMiami TRAIL NAPLES, FL 34103 US</b>		
2. Principal Place of Business - No P.O. Box # <b>Preasley L. Gunkel</b> Suite, Apt. #, etc. <b>1421 Pine Ridge Rd #100</b> City & State <b>Naples, Florida</b> Zip <b>34109</b>		3. Mailing Address <b>Preasley L. Gunkel</b> Suite, Apt. #, etc. <b>1421 Pine Ridge Rd #100</b> City & State <b>Naples, FL</b> Zip <b>34109</b>		4. FEI Number <b>65-0222033</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>DE ST. PIERRE, MARTIN 4501 NORTH TAMiami TRAIL NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <b>Preasley L. Gunkel</b> Street Address (P.O. Box Number is Not Acceptable) <b>1421 Pine Ridge Rd. #100</b> City <b>Naples</b> FL Zip Code <b>34109</b>		
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 <b>6/9/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, CAROLYN 305 FIFTH AVE 5 #204 NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph E. Cleveland 12800 University Dr. #125 Ft. Myers, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEVELAND, JOSEPH E 3777 TAMiami TRAIL NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Martin De St. Pierre 4501 N. Tamiami Tr. #100 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, ROBERT 765 SEAGATE DR NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Pamela J. Storm 3777 Tamiami Tr N. #100 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGURELLI, JENNIFER 3001 TAMiami Tr. N #100 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robin B. O'Rourke 4001 Tamiami Tr N. Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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 like empowered.					
SIGNATURE: 			Date <b>6/9/08</b> Daytime Phone # <b>800.282.2899</b>		