

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 18 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42212** (3)

1. Corporation Name

S.W. FLORIDA GOLF & MUSIC FESTIVAL, INC.

Principal Place of Business

**10181 SIX MILE CYPRESS PARKWAY
SUITE A
FT. MYERS FL 33912**

Mailing Address

**10181 SIX MILE CYPRESS PARKWAY
SUITE A
FT. MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1991

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0239963

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**VIDUSSI, DANA
10181 SIX MILE CYPRESS PARKWAY
SUITE A
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of current registered agent and the incorporator)

(Signature of new registered agent, if registered agent is changing)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.4 CITY, ST, ZIP

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY, ST, ZIP

12.8 CITY, ST, ZIP

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY, ST, ZIP

12.12 CITY, ST, ZIP

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY, ST, ZIP

12.16 CITY, ST, ZIP

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY, ST, ZIP

12.20 CITY, ST, ZIP

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY, ST, ZIP

12.24 CITY, ST, ZIP

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY, ST, ZIP

12.28 CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 NAME ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 NAME ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 NAME ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 NAME ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 NAME ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 NAME ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included in 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 this corporation or the record or fusion empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

(813) 218-4455