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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43365 (8)

1. Corporation Name

THE SOUTHWEST FLORIDA CHAPTER OF THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
149 COCOANUT AVE SARASOTA FL 34236 US	149 COCOANUT AVE SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0264659 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

HOUK PETER
149 COCONUT AE
SARASOTA FL 34236

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HUFFMAN, MICHAEL L	1.2 NAME	
STREET ADDRESS	3146 BERNADETTE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SLOCUM, BILL	2.2 NAME	
STREET ADDRESS	3050 BEE RIDGE RD #A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOUK, PETER	3.2 NAME	
STREET ADDRESS	149 COCOANUT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	SIMONDS, WARREN	4.2 NAME	D LISA TREBILCOCK
STREET ADDRESS	1520 ROYAL PLAM SQUARE BLVD	4.3 STREET ADDRESS	9200 BAILEY LANE SUITE 200
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	WEST, LINDA	5.2 NAME	D RICHARD WILSON
STREET ADDRESS	133 SOUTH MCINTOSH RD	5.3 STREET ADDRESS	2001 FRUITVILLE RD, STE 200
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	RUSSO, LISA	6.2 NAME	ROGER JEFFERY
STREET ADDRESS	1390 COMMERCE BLVD #E	6.3 STREET ADDRESS	12381 CLEVELAND AVE STE 204
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	FT. MYERS, FL 33907

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)(i), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter Houk PETER HOUK 1/19/95 8039571435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018483