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Oct 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43365 (8)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
1400 COLONIAL BLVD. SUITE 203 FT. MYERS FL 33907 US	1400 COLONIAL BLVD. SUITE 203 FT. MYERS FL 33907 US

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

9. Name and Address of Current Registered Agent

**HOBBS, ANGELA**  
1400 COLONIAL BLVD.  
SUITE 203  
FT. MYERS FL 33907

3. Date Incorporated or Qualified	05/09/1991
4. FEI Number	65-0264659
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to 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 *Angela Hobbs* (NOTE: Registered Agent signature required when reinstating) DATE *8/20/98*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATTERSON, KERRI	
STREET ADDRESS	12381 CLEVELAND AVE., SUITE 204	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	RUTAN, LYNN	
STREET ADDRESS	1055 PONCE DE LEON BLVD.	
CITY-ST-ZIP	BELLEAIRE FL 33756	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNN, JACKIE	
STREET ADDRESS	3900-3 COLONIAL BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOBBS, ANGELA	
STREET ADDRESS	1400 COLONIAL BLVD., SUITE 203	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	PP	<input type="checkbox"/> DELETE
NAME	JEFFREY, ROGER	
STREET ADDRESS	12381 CLEVELAND AVE., SUITE 204	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lynn Rutan	
1.3 STREET ADDRESS	1055 Ponce de Leon Blvd.	
1.4 CITY-ST-ZIP	Belleaire, FL 33756	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Denise Da Silveira	
2.3 STREET ADDRESS	1100 Sixth Avenue South	
2.4 CITY-ST-ZIP	Naples, Florida 34102	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Laura Blackwell	
3.3 STREET ADDRESS	3884 Progress Avenue	
3.4 CITY-ST-ZIP	Naples, Florida 34104	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Past President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kerri Patterson	
5.3 STREET ADDRESS	1101 Rosemary Court, A205	
5.4 CITY-ST-ZIP	Naples, Florida 34103	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: *Angela Hobbs* *8/20/98* *941-235-1240*

CR2E037 (10/97)