

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90038 002 ****61.25

DOCUMENT # N43365

1. Corporation Name

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

Principal Place of Business

1400 COLONIAL BLVD.
SUITE 203
FT. MYERS FL 33907
US

Mailing Address

1400 COLONIAL BLVD.
SUITE 203
FT. MYERS FL 33907
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/09/1991

4. FEI Number

65-0264659

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

9. Name and Address of Current Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RUTAN, LYNN
STREET ADDRESS 1055 PONCE DE LEON BLVD.
CITY-ST-ZIP BELLEAIRE FL 33756

TITLE VPD
NAME DA SILVEIRA, DENISE
STREET ADDRESS 1100 SIXTH AVE. S.
CITY-ST-ZIP NAPLES FL 34102

TITLE TD
NAME BLACKWELL, LAURA
STREET ADDRESS 3884 PROGRESS AVENUE
CITY-ST-ZIP NAPLES FL 34104

TITLE SD
NAME HOBBS, ANGELA
STREET ADDRESS 1400 COLONIAL BLVD., SUITE 203
CITY-ST-ZIP FT. MYERS FL 33907

TITLE PP
NAME PATTERSON, KERRI
STREET ADDRESS 1101 ROSEMARY COURT, A-205
CITY-ST-ZIP NAPLES FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

2/23/99 941-275-4240

CR2E037 (11/98)