

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43745 (1)

1. Corporation Name

SOUTHWEST FLORIDA BUSINESS GUILD, INC.



Principal Place of Business

Mailing Address

2080 RINGLING BLVD.
#302
SARASOTA FL 34237-7030
US

2080 RINGLING BLVD
SUITE 302
SARASOTA FL 34237-7030
US

3. Date Incorporated or Qualified

06/03/1991

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0306940

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEINEMAN, JEFF
9218 WOOD MEADOW LOOP
BRADENTON FL 34202**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **MORRIS, NANCY**
STREET ADDRESS **2503 ARLINGTON STR**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **V/D** ☐ Change ☒ Addition
1.2 NAME **Peter Horstman**
1.3 STREET ADDRESS **2155 Wood St. Apt B-8**
1.4 CITY-ST-ZIP **Sarasota, FL 34237**

TITLE **P** ☐ DELETE
NAME **HEINEMAN, JEFF**
STREET ADDRESS **9218 WOOD MEADOW LOOOP**
CITY-ST-ZIP **BRADENTON FL**

2.1 TITLE **C/D** ☒ Change ☐ Addition
2.2 NAME **Jeff Heineman**
2.3 STREET ADDRESS **9218 Wood Meadow Loop**
2.4 CITY-ST-ZIP **Bradenton, FL 34202**

TITLE **TD** ☒ DELETE
NAME **BOWEN, BARBARA**
STREET ADDRESS **2407 EUGENE STREET**
CITY-ST-ZIP **SARASOTA FL 34231**

3.1 TITLE **T/D** ☐ Change ☒ Addition
3.2 NAME **Shirley Hermanson**
3.3 STREET ADDRESS **4763 Meredith Ln.**
3.4 CITY-ST-ZIP **Sarasota, FL 34241**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **P/D** ☐ Change ☒ Addition
4.2 NAME **Boots Baumbaugh**
4.3 STREET ADDRESS **2572 Portland St.**
4.4 CITY-ST-ZIP **Sarasota, FL 34231**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **S/D** ☐ Change ☒ Addition
5.2 NAME **Steven Vannatta**
5.3 STREET ADDRESS **5445 18th Ct. W**
5.4 CITY-ST-ZIP **Bradenton, FL 34207**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

Jeffrey Heineman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Heineman 01/29/96 (941)

Date

Daytime Phone

931-9664

CR2E037 (12/95)