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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N43745

1. Corporation Name

SOUTHWEST FLORIDA BUSINESS GUILD, INC.

Principal Place of Business

677 N WASHINGTON BLVD
 SARASOTA FL 34236
 US

Mailing Address

P O BOX 49802
 SARASOTA FL 34230-802
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/03/1991

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

9. Name and Address of Current Registered Agent

HORSTMAN, PETER
4051 PALAU DR
SARASOTA FL 34241

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

12. OFFICERS AND DIRECTORS DELETE

TITLE DELETE

NAME **HORSTMAN, PETER**
 STREET ADDRESS **4051 PALAU DR**
 CITY-ST-ZIP **SARASOTA FL**

TITLE DELETE

NAME **KENNEDY, SHELLY**
 STREET ADDRESS **5560 BEE RDGE RD STE D1**
 CITY-ST-ZIP **SARASOTA FL**

TITLE DELETE

NAME **PATRICIA GRIFFIN**
 STREET ADDRESS **1314 TENTH ST**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE DELETE

NAME **ASH, BETTY**
 STREET ADDRESS **1301 28TH ST W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

NAME **Pd Beverly Sullivan**
 STREET ADDRESS **2325 Hickory Ave**
 CITY-ST-ZIP **Sarasota FL 34234**

3.1 TITLE Change Addition

NAME **TD James Goddard**
 STREET ADDRESS **3945 Glen Aoks Manor**
 CITY-ST-ZIP **Sarasota FL 34232**

4.1 TITLE Change Addition

NAME **SD John Cotterman**
 STREET ADDRESS **7282 55th Ave E**
 CITY-ST-ZIP **Bradenton FL 34203**

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **2-2-99**
 Daytime Phone

CR2E037 (1/198)