2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 09, 2005 8:00 am
Secretary of State
02-01-2005 90020 011 ****61.25

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01132005 Chg-NP CR2E037 (10/03)

DOCUMENT # N43892

1. Entity Name
SOUTHWEST FLORIDA RESEARCH AND EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
2686 SR 29 N IMMOKALEE, FL 34142-9515 US	2686 SR 29 N IMMOKALEE, FL 34142-9515 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0325899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSTERHOUT, JULIE 403-D JOAN AVENUE LEHIGH ACRES, FL 33971	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEITZKE, C.J. P.O. BOX 99 LABELLE, FL 33975	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Neitzke, C. J. P.O. Box 99 LaBelle, FL 33975	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MEADOR, PAUL P.O. BOX 130 IMMOKALEE, FL 34143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELLIOTT, WILL 1320 N 15TH STREET IMMOKALEE, FL 34142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D John Hoffman 1320 N. 15th Street Immokalee, FL 34142	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIS, PATRICK P.O. BOX 788 LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TODD, NORM PO BOX 88 LABELLE, FL 33975	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Wayne Simmons 1600 Hwy. 295 LaBelle, FL 33975	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GADDIS, CLIFF HICKORY BRANCH CORP. VENUS, FL 33960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ _____ John Hoffman, Treasurer 01/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #