

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43892

FILED
Jan 04, 2008
Secretary of State

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

Current Principal Place of Business:

2686 SR 29 N
IMMOKALEE, FL 341429515 US

New Principal Place of Business:

Current Mailing Address:

2686 SR 29 N
IMMOKALEE, FL 341429515 US

New Mailing Address:

FEI Number: 65-0325899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTERHOUT, JULIE
403-D JOAN AVENUE
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELLIOT, WILL
Address: 1320 N 15TH ST
City-St-Zip: IMMOKALEE, FL 34142

Title: SD () Delete
Name: SCOFIELD, DANE
Address: P.O. BOX 610
City-St-Zip: LABELLE, FL 33975

Title: TD () Delete
Name: HOFFMAN, JOHN
Address: 1320 N 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: VD () Delete
Name: TODD, NORMAN
Address: P.O. BOX 88
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: WALKER, GEORGE
Address: 16217 BOWLINE ST
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: COLBERT, MARK
Address: P.O. BOX 788
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ELLIOT, WILL
Address: 1320 N 15TH ST
City-St-Zip: IMMOKALEE, FL 34142

Title: SD (X) Change () Addition
Name: GAST, TIM
Address: 1820 COUNTY ROAD 833
City-St-Zip: CLEWISTON, FL 33440

Title: D (X) Change () Addition
Name: WIRICK, DARRYL
Address: 808 APTHORP AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: PD (X) Change () Addition
Name: TODD, NORMAN
Address: P.O. BOX 88
City-St-Zip: LABELLE, FL 33975

Title: VD (X) Change () Addition
Name: WALKER, GEORGE
Address: 16217 BOWLINE ST
City-St-Zip: BOKEELIA, FL 33922

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN TODD

P

01/04/2008

Electronic Signature of Signing Officer or Director

Date