

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43892

FILED
Feb 24, 2012
Secretary of State

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

Current Principal Place of Business:

2685 SR 29 N
IMMOKALEE, FL 341429515 US

New Principal Place of Business:

Current Mailing Address:

2685 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: SD
Name: WALKER, GEORGE
Address: 16217 BOWLINE ST.
City-St-Zip: BOKEELIA, FL 33922

Title: TD
Name: ENGLISH-WALKER, CALLIE
Address: P.O. BOX 173
City-St-Zip: LABELLE, FL 33975

Title: VD
Name: BOYD, MAURY
Address: P.O. BOX 979
City-St-Zip: OAKLAND, FL 34760

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

Title: D
Name: HOFFMAN, JOHN
Address: 1320 N. 15TH ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: SUTTON, DANNY
Address: PO BOX 338
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: NORMAN TODD

PRES

02/24/2012

Electronic Signature of Signing Officer or Director

Date