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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N44382** (2)

1. Corporation Name

SOUTHWEST FLORIDIANS FOR A CLEAN AND RISK-FREE ENVIRONMENT, INC.



Principal Place of Business

Mailing Address

12713-3 MCGREGOR BLVD
FORT MYERS FL 33919
US

12713-3 MCGREGOR BLVD
FORT MYERS FL 33919
US

3. Date Incorporated or Qualified
07/22/1991

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33919

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSS, NANCY
1190 W GOLDEN GATE BLVD
NAPLES FL 33964

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 **D** ☐ DELETE
NAME **DANIELSON, LYLE**
STREET ADDRESS **4930 SW 2ND PLACE**
CITY-ST-ZIP **CAPE CORAL FL**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **W. DEXTER BELLAMY**
1.3 STREET ADDRESS **5548 HAMLET LANE**
1.4 CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **D** ☐ DELETE
NAME **GROSS, PAUL**
STREET ADDRESS **1190 W GOLDEN GATE BLVD**
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **ARLENE BOWES**
2.3 STREET ADDRESS **18429 SUNFLOWER RD**
2.4 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **SEC** ☐ DELETE
NAME **GROSS, NANCY**
STREET ADDRESS **1190 W GOLDEN GATE BLVD**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **TOM REDD**
3.3 STREET ADDRESS **11361 DELLWOOD LANE**
3.4 CITY-ST-ZIP **BONITA SPRINGS, FL 33923**

TITLE **TRES** ☐ DELETE
NAME **MELO, LISA K.**
STREET ADDRESS **1705 MAPLE AVENUE**
CITY-ST-ZIP **FT. MYERS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HEINRICH, BARBARA**
STREET ADDRESS **22531 TUCKAHOE ROAD**
CITY-ST-ZIP **ALVA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

Lisa K. Melo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 5, 1996
Date

941-337-5518
Daytime Phone #

CR2E037 (12/95)