

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N45341** (7)

1. Corporation Name

**FLORIDA WEST COAST INTERNATIONAL AFFAIRS COMMISSION, INC.**



Principal Place of Business

Mailing Address

2033 MAIN STREET  
100  
SARASOTA FL 34237  
US

2033 MAIN STREET  
100  
SARASOTA FL 34237  
US

3. Date Incorporated or Qualified  
**09/25/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1819 main street**

26 **P.O. Box 2545**

4. FEI Number

**59-3106285**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **24D**

27

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

City & State

City & State

23 **Sarasota, FL**

28 **Sarasota, FL**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **34236**

25 **USA**

29 **34230**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASWELL, CHRISTOPHER K**  
**2033 MAIN ST, STE 600**  
**SARASOTA FL 34237**

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 **C** ☒ DELETE  
NAME **CASWELL, CHRISTOPHER K**  
STREET ADDRESS **2033 MAIN ST., #600**  
CITY-ST-ZIP **SARASOTA FL 34237**

1.1 TITLE **C/D** ☒ Change ☐ Addition  
1.2 NAME **Susan Pareigis**  
1.3 STREET ADDRESS **3200 Balch Lane, Suite 162**  
1.4 CITY-ST-ZIP **Naples, FL 38942**

TITLE **V** ☒ DELETE  
NAME **PAIREIGIS, SUSAN**  
STREET ADDRESS **2180 W. FIRST STREET, SAXON HOUSE, #308**  
CITY-ST-ZIP **FT. MYERS FL**

2.1 TITLE **V/D** ☐ Change ☒ Addition  
2.2 NAME **Sydney Ivey**  
2.3 STREET ADDRESS **780 8th Avenue**  
2.4 CITY-ST-ZIP **Palmetto, FL 34221**

TITLE **T** ☒ DELETE  
NAME **PAIREIGIS, SUSAN**  
STREET ADDRESS **2180 W. FIRST ST., SAXON HOUSE, #308**  
CITY-ST-ZIP **FT. MYERS FL**

3.1 TITLE **T/D** ☒ Change ☐ Addition  
3.2 NAME **Chris Caswell**  
3.3 STREET ADDRESS **2033 Main St, #600**  
3.4 CITY-ST-ZIP **Sarasota FL 34237**

TITLE **S** ☒ DELETE  
NAME **PURVIS, CONNIE**  
STREET ADDRESS **2296 ROYAL LANE**  
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE **S** ☐ Change ☒ Addition  
4.2 NAME **Beth Knopik**  
4.3 STREET ADDRESS **1819 main st., #240**  
4.4 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **D** ☒ DELETE  
NAME **BEYER, PATRICIA**  
STREET ADDRESS **2200 TALL PINES DRIVE #100**  
CITY-ST-ZIP **LARGO FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Georg Koszulinski**  
5.3 STREET ADDRESS **1407 S.W. Pine Island Road**  
5.4 CITY-ST-ZIP **Cape Coral, FL 38991-2163**

TITLE **D** ☒ DELETE  
NAME **ENGEL, NANCY**  
STREET ADDRESS **700 8TH AVE**  
CITY-ST-ZIP **PALMETTO FL**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Tom Gola**  
6.3 STREET ADDRESS **4111 Land O'Lakes Blvd, #305**  
6.4 CITY-ST-ZIP **Land O'Lakes, FL 34689**

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: **Chris Caswell, Treasurer** **2/15/96** **941-366-8100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)