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Mar 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N45341 (7)

1. Corporation Name

FLORIDA WEST COAST INTERNATIONAL AFFAIRS COMMISS  
ION, INC.

Principal Place of Business

Mailing Address

1819 MAIN STREET  
240  
SARASOTA FL 34236  
US

POST OFFICE BOX 2545  
SARASOTA FL 34230-2545  
US



2. Principal Place of Business

2a. Mailing Address

21 3165 Charles macdonald Drive

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sarasota, FL

28 Zip

24 34240

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
08/25/1991

3a. Date of Last Report  
02/20/1996

4. FEI Number

59-3106285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

81 Name

Caswell, Christopher K.

82 Street Address (P.O. Box Number is Not Acceptable)

1215 N. Palm Avenue

83 City

Sarasota

FL

85 Zip Code

34236

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME PAREIGIS, SUSAN  
STREET ADDRESS 3200 BAILEY LANE, SUITE 162  
CITY-ST-ZIP NAPLES FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME IVEY, SYDNEY  
STREET ADDRESS 700 8TH AVENUE  
CITY-ST-ZIP PALMETTO FL

2.1 TITLE Director  
2.2 NAME David McNamee  
2.3 STREET ADDRESS 23355 Duchess Avenue  
2.4 CITY-ST-ZIP Port Charlotte, FL

TITLE TD  
NAME CASWELL, CHRIS  
STREET ADDRESS 2033 MAIN STREET 600  
CITY-ST-ZIP SARASOTA FL

3.1 TITLE TD  
3.2 NAME Caswell, Chris  
3.3 STREET ADDRESS 1215 N. Palm Avenue  
3.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE S  
NAME KNOPIK, BETH  
STREET ADDRESS 1819 MAIN STREET 240  
CITY-ST-ZIP SARASOTA FL

4.1 TITLE S  
4.2 NAME Knopik, Beth  
4.3 STREET ADDRESS 3165 Charles McDonald Drive  
4.4 CITY-ST-ZIP Sarasota, FL 34240

TITLE D  
NAME KOSEULINSKI, GEORG  
STREET ADDRESS 1407 SW PINE ISLAND ROAD  
CITY-ST-ZIP CAPE CORAL FL

5.1 TITLE D  
5.2 NAME Koseulinski, Georg  
5.3 STREET ADDRESS 4419 Del Prado Blvd.  
5.4 CITY-ST-ZIP Cape Coral, FL 33904

TITLE D  
NAME GOLA, TOM  
STREET ADDRESS 4111 LAND O'LAKES BLVD., 305  
CITY-ST-ZIP LAND O'LAKES FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: Beth Knopik, Secretary, 3/15/97, 244-371-1152

CR2E037 (9/96)