

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90015 049 ****61.25

DOCUMENT # N47407

1. Entity Name
SOUTHWEST FLORIDA USBC INC.



Principal Place of Business
**205 JOEL BLVD
LEHIGH ACRES, FL 33972**

Mailing Address
**205 JOEL BLVD
LEHIGH ACRES, FL 33972**

60045128



07072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2788086

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETERS, ROBERT J SR
205 JOEL BLVD
LEHIGH ACRES, FL 33972**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HIGHAM, DANIEL J
STREET ADDRESS	2332 CORAL POINT DR
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	MD
NAME	PETERS, ROBERT J ST
STREET ADDRESS	520 GRANT AVENUE
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	PRESIDENT
NAME	ROBERT L TAYLOR
STREET ADDRESS	1604 BRAMAN AVE
CITY-ST-ZIP	FT MYERS FL 33901
TITLE	VICE PRESIDENT
NAME	FRAN BUETTNER
STREET ADDRESS	4637 DAKOTA TER
CITY-ST-ZIP	N PORT FL 34286
TITLE	VICE PRESIDENT
NAME	WALTER JUDD
STREET ADDRESS	21667 WINDHAM RUN
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	VICE PRESIDENT
NAME	FREDERICK W MCFARLAND, SR
STREET ADDRESS	11491-6TH AVE
CITY-ST-ZIP	PUNTA GORDA FL 33955

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Peters Sr.

7-10-08 239-369-2638

Date

Daytime Phone #