

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47407

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: SOUTHWEST FLORIDA USBC INC.

## Current Principal Place of Business:

205 JOEL BLVD  
LEHIGH ACRES, FL 33972

## New Principal Place of Business:

205 JOEL BLVD  
200  
LEHIGH ACRES, FL 33936

## Current Mailing Address:

205 JOEL BLVD  
LEHIGH ACRES, FL 33972

## New Mailing Address:

205 JOEL BLVD  
200  
LEHIGH ACRES, FL 33936

FEI Number: 59-2788086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PETERS, ROBERT J SR  
205 JOEL BLVD  
200  
LEHIGH ACRES, FL 33936 US

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:

03/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HIGHAM, DANIEL J  
Address: 2332 CORAL POINT DR  
City-St-Zip: CAPE CORAL, FL 33904

Title: MD ( ) Delete  
Name: PETERS, ROBERT J ST  
Address: 520 GRANT AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: P ( ) Delete  
Name: TAYLOR, ROBERT L  
Address: 1604 BRAMAN AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: VP ( ) Delete  
Name: BUETTNER, FRAN  
Address: 4637 DAKOTA TER  
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete  
Name: JUDD, WALTER  
Address: 21667 WINDHAM RUN  
City-St-Zip: ESTERO, FL 33928

Title: VP ( ) Delete  
Name: MCFARLAND, FREDERICK SR  
Address: 11491 6TH AVE  
City-St-Zip: PUNTA GORDA, FL 33955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD (X) Change ( ) Addition  
Name: PETERS, ROBERT J SR  
Address: 520 GRANT AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT J. PETERS SR.

MANA

03/26/2009

Electronic Signature of Signing Officer or Director

Date