

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 # N47905 (7)

1. Corporation Name

SOUTHWEST FLORIDA PROFESSIONAL WOMEN'S ASSOCIATION, INC.

Principal Place of Business

12934 KENWOOD LANE, S.W.  
FORT MYERS FL 33907

Mailing Address

12734 KENWOOD LN  
#9  
FORT MYERS FL 33907  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/17/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0294382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

PROBE, KIMBERLY A.  
12934 KENWOOD LANE, S.W.  
SUITE 9  
FORT MYERS FL 33907

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

TITLE

PD  
NAME PROBE, KIMBERLY A.  
STREET ADDRESS 12934 KENWOOD LANE SW  
CITY - ST - ZIP FT. MYERS FL

☐ DELETE

TITLE

VD  
NAME CARROLL, PAT  
STREET ADDRESS 12734 KENWOOD LANE  
CITY - ST - ZIP FT. MYERS FL

☐ DELETE

TITLE

TD  
NAME RAVENSCROFT, PENNIE  
STREET ADDRESS 14461 LAKEWOOD TR #301  
CITY - ST - ZIP FT. MYERS FL

☒ DELETE

TITLE

SD  
NAME MONTGOMERY, NEALE  
STREET ADDRESS 1530 DEL RIO  
CITY - ST - ZIP FT. MYERS FL

☐ DELETE

TITLE

D  
NAME BIRD, SUSAN  
STREET ADDRESS 5251-3 CEDARBEND DR.  
CITY - ST - ZIP FT. MYERS FL

☐ DELETE

TITLE

D  
NAME BROWN, ESSIE  
STREET ADDRESS 1731 DELAWARE AVE.  
CITY - ST - ZIP FT. MYERS FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

941-275-9620

Daytime Phone

CR2E037 (12/95)