FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N4

N47905

(7)

SOUTHWEST FLORIDA PROFESSIONAL WOMEN'S ASSOCIATION, INC.						
Principal Place	of Business	Mailing Address	, .			NIJA BUBUK BADAN ANDNI BUDAN DIJAKU DIBUN 3401
12934 KENWOOD LANE. S.W. 12734 KENWOOD LN FORT MYERS FL 33907 #9						
		#9	•••			
		FORT MYERS FL 33907-563 US	19		3. Date Incorporated or Qualified	3a. Date of Last Report
		00			03/17/1992	05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					65-0294382	Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
		27				Fee Required
City & State		<u>⊢</u> ¬ ′	- ¬ ´		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Z ip	Country	Zip Zip	Country		8. This corporation has liability for in	
24	25	- 	30			Yes No
	9. Name and Address of Current				10. Name and Address of New Reg	· · · · · · · · · · · · · · · · · · ·
			81	Name		
PROBE, KIMBERLY A. 82 Stree				Street Addres	ss (P.O. Box Number is Not Acceptab	e)
12934 KENWOOD LANE, S.W.			83		The state of the s	
SUITE 9						
FORT M	YERS FL 33907		64	City		FL 85 Zip Code
11 Pursuant t	to the provisions of Sections 617.0502	and 617 1508 Florida Statute	s the above-	named corno	ration submits this statement for the p	urpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by t	he corporatio	ration submits this statement for the pin's board of directors. I hereby accep	t the appointment as registered
	iti farkillar wiki, sind Jaccept the obliga	tidis di, section 617.0503, ridi	nda Siaiules.			4-15-97
SIGNATURE _	Signature, typed or printed harve of registered liger	1 and little if applicable (NOTE	Registered Agent	signature required	when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	PROBE, KIMBERLY A.		1.2 NAME			
STREET ADDRESS	1=11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1		1.3 STREET AL	DDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-	ZIP		
TITLE	OACOUL DAT	☐ DELETE	2.1 TIPLE			☐ Change ☐ Addition
NAME	CARROLL, PAT		2.2 NAME 2.3 STREET ADDRESS			1
STREET ADDRESS	12734 KENWOOD LANE					
CITY - S1 - ZIP TITLE	FT. MYERS FL SD	DELETE	2. 4 CITY - ST-	- ZIP		Change Addition
NAME	MONTGOMERY, NEALE	pund artificial	3.2 NAME			Z orongo Z risonom
STREET ADDRESS	1530 DEL RIO		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		3.4. CITY-ST-ZIP			i
TITLE	0	☐ DELETE	4.1 TITLE			Change Addition
NAME	BIRD, SUSAN		4. 2 NAME			
STREET ADDRESS	5251-3 CEDARBEND DR		4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-	ZIP		
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	Brown, Essie		5.2 NAME			
STREET ADDRESS	1731 DELAWARE AVE.		5.3 STREET A	DDRESS		
CHY-ST-ZIP	FT. MYERS FL	DELETE	5.4 CITY-ST-	ZIP		Change III (22)
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	Dancas		
STREET ADORESS			6.3 STREET A	1	•	

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:

IGNATURE AND TYPED ORPHINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-15-97

941 - 275 - 56 20 Daytime Phone # 0055340

FILED

Apr 30 1997 8:00am

Secretary of State