


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90005 002 \*\*\*\*61.25

|  |   |   |
|--|---|---|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # N47905</b>   |   |   |
| 1. Corporation Name<br><b>SOUTHWEST FLORIDA PROFESSIONAL WOMEN'S ASSOCIATION, INC.</b> |   |   |
| Principal Place of Business<br>12934 KENWOOD LANE, S.W.<br>FORT MYERS FL 33907         | Mailing Address<br>12734 KENWOOD LN<br>#9<br>FORT MYERS FL 33907<br>US            |   |



|                                |                     |                     |                     |   |                               |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>03/17/1992</b>  |                               |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0294382</b>  | Applied For<br>Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>      |                               |
| 24                             | Country             | 29                  | Country             | Trust Fund Contribution   |                               |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent |  |
| <b>PROBE, KIMBERLY A.</b><br><b>12934 KENWOOD LANE, S.W.</b><br><b>SUITE 9</b><br><b>FORT MYERS FL 33907</b> |  |  |  | 81   | Name   |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  |  |  | 83   |  |
|  |  |  |  | 84   | City   |
|  |  |  |  | 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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |  |
|----------------------------|-----------------------|---------------------------------|--|---|---|--|--|
| TITLE                      | PD                    | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | PROBE, KIMBERLY A.    |                                 |  | 1.2 NAME  |   |  |  |
| STREET ADDRESS             | 12934 KENWOOD LANE SW |                                 |  | 1.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | FT. MYERS FL          |                                 |  | 1.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      | VD                    | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | CARROLL, PAT          |                                 |  | 2.2 NAME  |   |  |  |
| STREET ADDRESS             | 12734 KENWOOD LANE    |                                 |  | 2.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | FT. MYERS FL          |                                 |  | 2.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      | SD                    | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | MONTGOMERY, NEALE     |                                 |  | 3.2 NAME  |   |  |  |
| STREET ADDRESS             | 1530 DEL RIO          |                                 |  | 3.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | FT. MYERS FL          |                                 |  | 3.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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                     | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | BROWN, ESSIE          |                                 |  | 5.2 NAME  |   |  |  |
| STREET ADDRESS             | 1731 DELAWARE AVE.    |                                 |  | 5.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | FT. MYERS FL          |                                 |  | 5.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                       |                                 |  | 6.2 NAME  |   |  |  |
| STREET ADDRESS             |                       |                                 |  | 6.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |                       |                                 |  | 6.4 CITY-ST-ZIP                                       |   |  |  |

14. I 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED  
7-27-99 941-275-9620  
Date Daytime Phone #