

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002287

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA CHAPTER OF THE FLORIDA ASSOCIATION OF ENVIRONMENTAL PROFESSIONALS, INC.

**Current Principal Place of Business:**

SOUTH FLORIDA WATER MGMT DISTRICT  
2301 MCGREGOR BLVD.  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

SW FAEP  
PO BOX 1302  
FORT MYERS, FL 33902 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARBER, LAUREN  
3584 EXCHANGE AVE.  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

GIBSON, LAUREN  
3584 EXCHANGE AVE.  
NAPLES, FL 34104 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: LAUREN GIBSON

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STERK, JEREMY  
Address: DAVIDSON ENGINEERING, 3530 KRAFT RD.  
City-St-Zip: NAPLES, FL 34105

Title: VP  
Name: GRAY, WHITNEY  
Address: SOUTHWEST FLORIDA REGIONAL PLANNING COUNCIL  
City-St-Zip: FORT MYERS, FL 33902

Title: S  
Name: MILLER, MATT  
Address: SWFAEP  
City-St-Zip: FT MYERS, FL 33901

Title: T  
Name: GIBSON, LAUREN  
Address: TURRELL, HALL & ASSOCIATES, INC  
City-St-Zip: NAPLES, FL 34104

Title: D  
Name: BATTLES, ERICA  
Address: HSA ENGINEERING AND SCIENTISTS  
City-St-Zip: FORT MYERS, FL 33912

Title: M  
Name: ZENCZAK, LYNN  
Address: SWFAEP, P.O. BOX 1302  
City-St-Zip: FORT MYERS, FL 33902

I hereby 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 all other like empowered.

SIGNATURE: LAUREN GIBSON

T

04/20/2011

Electronic Signature of Signing Officer or Director

Date