

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 93000002474

1. Entity Name

SOUTHWEST FLORIDA GAY AND LESBIAN CHORUS,
INC.



Principal Place of Business

12061 SUMMERTIME CIRCLE
#204
FT MYERS FL 33913
US

Mailing Address

PO BOX 150987
CAPE CORAL FL 33915
US

2. Principal Place of Business

1929 HANCOCK BRIDGE PKWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

Zip
33990

Country
U.S.A.

Zip

Country

4. FEI Number

65-0427571

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITTMAN, LARRY L
6051 ESTERO BOULEVARD
SUITE 2
FORT MYERS BEACH FL 33931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. DP OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BRODBECKER, ROB
5595 AVE PESCADOS-A
FT MYERS BEACH FL
DVP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

KEVIN HALESWORTH
1929 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JONES, BARBARA A
3000 CAR COVE BLVD G5
NORTH FORT MYERS FL 33917
DPT

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BARBARA A. JONES
3000 CAREFREE BLVD # G-5
N. FT. MYERS, FL 33917

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PICARD, JIM
12061 SUMMERTIME CIRCLE #204
FORT MYERS FL 33913
D

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JUDITH LINDEN
3000 CAREFREE BLVD # G-76
N. FT. MYERS, FL 33917

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WRIGHT, DAWSON
1929 HAVANA BRIDGE PKWY
CAPE CORAL FL 33990
D

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D. SUSAN ADKINS
3122 COUNTRY CLUB BLVD
CAPE CORAL, FL 33904

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FERRIS, JOE
1901 UHHARTANE #B
FORT MYERS FL 33901
DS

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT (P)
FERRIS, JOE
1901 LINHART AVE #7
FT. MYERS, FL 33901

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADAMS, CHRISTINA
PO BOX 151751
CAPE CORAL FL 33915

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D. MARGARET COOPER
2221 NE 2ND STREET
CAPE CORAL FL 33909

Change

Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin S. Halesworth* KEVIN S. HALESWORTH 8-16-05 239-691-2532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90001 027 ****61.25

