


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

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

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

<b>DOCUMENT #</b> 93000002474	
<b>1. Entity Name</b> SOUTHWEST FLORIDA GAY AND LESBIAN CHORUS, INC.	

<b>Principal Place of Business</b> 12061 SUMMERGATE CIRCLE #204 FT MYERS FL 33913 US	<b>Mailing Address</b> PO BOX 150987 CAPE CORAL FL 33915 US
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<b>2. Principal Place of Business</b> 1929 HANCOCK BRIDGE PKWY	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (5/05)

<b>City &amp; State</b> CAPE CORAL, FLORIDA	<b>City &amp; State</b>
<b>Zip</b> 33990	<b>Country</b> U.S.A.

<b>4. FEI Number</b> 65-0427571	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  PITTMAN, LARRY L 6051 ESTERO BOULEVARD SUITE 2 FORT MYERS BEACH FL 33931
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<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 7, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. DP OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>BRODBECKER, ROB</b> 5595 AVE PESCADOS-A FT MYERS BEACH FL DVP <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>JONES, BARBARA A</b> 3000 CAR COVE BLVD G5 NORTH FORT MYERS FL 33917 DPT <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PICARD, JIM</b> 12061 SUMMERGATE CIRCLE #204 FORT MYERS FL 33913 D <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>WRIGHT, DAWSON</b> 1929 HAVANA BRIDGE PKWY CAPE CORAL FL 33990 D <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>FERRIS, JOE</b> 1901 UHHARTANE #B FORT MYERS FL 33901 DS <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ADAMS, CHRISTINA</b> PO BOX 151751 CAPE CORAL FL 33915 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>KEVIN HALESWORTH</b> 1929 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>BARBARA A. JONES</b> 3000 CAREFREE BLVD #G-5 N. FT. MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>JUDITH LINDEN</b> 3000 CAREFREE BLVD #G-76 N. FT. MYERS, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SUSAN ADKINS</b> 3122 COUNTRY CLUB BLVD CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT (P)</b> FERRIS, JOE 1901 LINHART AVE #7 FT. MYERS, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MARGARET COOPER</b> 2221 N.E. 2ND STREET CAPE CORAL, FL 33909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 Date Daytime Phone #