FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004839 (7)

1. Corporation Name

UNIVERSITY OF ILLINOIS ALUMNI CLUB OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
9200 BONITA BEACH RD. SUITE 204 BONITA SPRINGS FL 33923	P.O. BOX 533 CAPE CORAL FL 33910-0533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1993
3a. Date of Last Report: 03/25/1994
4. FEI Number: 65-0448471 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

SPEAR, JOHN D
9200 BONITA BEACH RD.
SUITE 204
BONITA SPRINGS FL

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MCLEAN, JEROME T	12 NAME	JAMES FAIRBAIRN
STREET ADDRESS	9397 PINEAPPLE RD.	13 STREET ADDRESS	1564 COVINGTON CIR. E.
CITY-ST-ZIP	FT. MYERS FL 33912	14 CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	DV	21 TITLE	V. PRESIDENT ☒ Change ☐ Addition
NAME	LONERGAN, EDWARD	22 NAME	RUSSELL GARMON
STREET ADDRESS	6013 FORREST VILLA CR.	23 STREET ADDRESS	2744 S.W. 98th PLACE
CITY-ST-ZIP	FT. MYERS FL 33908	24 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	DS	31 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	DURRSTEIN, VERN	32 NAME	LAMOYNE BEARDEN
STREET ADDRESS	825 CONREID DR.	33 STREET ADDRESS	1010 S.E. 16th TERRACE
CITY-ST-ZIP	PORT CHARLOTTE FL	34 CITY-ST-ZIP	CAPE CORAL, FL. 33990
TITLE	D	41 TITLE	TREASURER ☒ Change ☐ Addition
NAME	WARD, MARTHA	42 NAME	MARTHA WARD
STREET ADDRESS	114 SW 58TH ST.	43 STREET ADDRESS	114 S.W. 58th STREET
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	CAPE CORAL, FL. 33914
TITLE	DP	51 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	HELFERS, F E	52 NAME	EDWARD LONERGAN
STREET ADDRESS	2248 BEACON DR.	53 STREET ADDRESS	6013 FORREST VILLA CR.
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	54 CITY-ST-ZIP	FT. MYERS, FL. 33908
TITLE	DT	61 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	GIEBRICH, FRED	62 NAME	F.E. HELFERS
STREET ADDRESS	711 ELDORADO DR.	63 STREET ADDRESS	2248 BEACON DR.
CITY-ST-ZIP	PUNTA GORTA FL	64 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Martha J. Ward, Treasurer — 4-28-95 — 813-549-2364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARTHA J. WARD

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