


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004839 (7)**

1. Corporation Name

**UNIVERSITY OF ILLINOIS ALUMNI CLUB OF SOUTHWEST  
FLORIDA, INC.**

Principal Place of Business

Mailing Address

**C/O MARTHA J. WARD, TREAS.  
114 SW 58TH STREET  
CAPE CORAL FL 33914**

**C/O MARTHA J. WARD, TREAS.  
114 SW 58TH STREET  
CAPE CORAL FL 33914**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/27/1993**

3a. Date of Last Report  
**03/28/1996**

2. Principal Place of Business

2a. Mailing Address

**21 c/o George Krejci, Treas.**

**27 c/o George Krejci, Treas.**

4. FEI Number  
**65-0448471**

Applied For  
Not Applicable

**22 4423 S.E. 20th Place**

**27 4423 S.E. 20th Place**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**23 Cape Coral, Fl**

**28 Cape Coral, Fl.**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

**24 33904**

Country

**29 33904**

Country

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **FAIRBAIRN, JAMES**  
STREET ADDRESS **1584 COVINGTON CIR E**  
CITY-ST-ZIP **FT. MYERS FL**

1.1 TITLE **P** ☐ Change ☒ Addition  
1.2 NAME **Garmon, Russell**  
1.3 STREET ADDRESS **2744 S.W. 28th Place**  
1.4 CITY-ST-ZIP **Cape Coral, Fl 33914**

TITLE **VP** ☒ DELETE  
NAME **GARMON, RUSSELL**  
STREET ADDRESS **2744 SW 28TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL**

2.1 TITLE **VP** ☐ Change ☒ Addition  
2.2 NAME **Crawford, George**  
2.3 STREET ADDRESS **13317 Tall Grass Ct. S.E.**  
2.4 CITY-ST-ZIP **Ft. Myers, Fl. 33912**

TITLE **S** ☒ DELETE  
NAME **KREJCI, GEORGE**  
STREET ADDRESS **4423 SE 20TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL**

3.1 TITLE **S** ☐ Change ☒ Addition  
3.2 NAME **Bearden, LaMoyné**  
3.3 STREET ADDRESS **1010 S.E. 16th Terrace**  
3.4 CITY-ST-ZIP **Cape Coral, Fl. 33990**

TITLE **T** ☒ DELETE  
NAME **WARD, MARTHA**  
STREET ADDRESS **114 SW 58TH STREET**  
CITY-ST-ZIP **CAPE CORAL FL**

4.1 TITLE **T** ☐ Change ☒ Addition  
4.2 NAME **Krejci, George**  
4.3 STREET ADDRESS **4423 S.E. 20th Place**  
4.4 CITY-ST-ZIP **Cape Coral, Fl. 33904**

TITLE **D** ☐ DELETE  
NAME **TABAKA, JAMES**  
STREET ADDRESS **10707 EVERGLADES KITE CIRCLE**  
CITY-ST-ZIP **ESTERO FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **DECORREVONT, RITA**  
STREET ADDRESS **284 YORKSHIRE AVE SW**  
CITY-ST-ZIP **FT MYERS FL**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Ward, Martha J.**  
6.3 STREET ADDRESS **114 S.W. 58th Street**  
6.4 CITY-ST-ZIP **Cape Coral, Fl. 33914**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. 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.

CR2E037 (4/97)