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Mar 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N93000004839 (7)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

**C/O GEORGE KREJCI
4423 SE 20TH PLACE
CAPE CORAL FL 33904
US**

**C/O GEORGE KREJCI
4423 SE 20TH PLACE
CAPE CORAL FL 33904
US**

3. Date Incorporated or Qualified

10/27/1993

4. FEI Number

65-0448471

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 **GARMON, RUSSELL**
STREET ADDRESS **2744 SW 20TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VP** ☐ DELETE

NAME **CRAWFORD, GEORGE**
STREET ADDRESS **13317 TALL GRASS CT. SE**
CITY-ST-ZIP **FT MYERS FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **BEARDEN, LAMOYNE**
STREET ADDRESS **1010 SW 16TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **T** ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **WARD, MARTHA J**
STREET ADDRESS **114 SW 58TH ST**
CITY-ST-ZIP **CAPE CORAL FL**

2.2 NAME ☐ Change ☐ Addition

14. 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 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: *George M. Krci*

TRCOS

2/24/98

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