

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 049 ****61.25

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1. Corporation Name

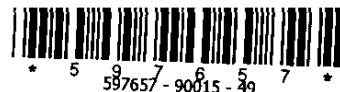
UNIVERSITY OF ILLINOIS ALUMNI CLUB OF SOUTHWEST
FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/27/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0448471	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	

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
33435

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	1.1 TITLE	P
NAME	GARMON, RUSSELL	1.2 NAME	JAMES FAIRBAIRD
STREET ADDRESS	2744 SW 28TH PLACE	1.3 STREET ADDRESS	1564 Covington Circle East
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	VP	2.1 TITLE	D
NAME	CRAWFORD, GEORGE	2.2 NAME	BETTY SMITH
STREET ADDRESS	13317 TALL GRASS CT. SE	2.3 STREET ADDRESS	8413 CREEKVIEW LN
CITY-ST-ZIP	FT-MYERS FL	2.4 CITY-ST-ZIP	ENGLE WOOD, FL 34224
TITLE	S	3.1 TITLE	D
NAME	BEARDEN, LAMOYNE	3.2 NAME	KEN TABLER
STREET ADDRESS	1010 SW 16TH TERRACE	3.3 STREET ADDRESS	1211 PROAWATER DR.
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	T	4.1 TITLE	T
NAME	KREJCI, GEORGE	4.2 NAME	BARBARA PURCELL
STREET ADDRESS	4423 SE 20TH PLACE	4.3 STREET ADDRESS	1515 Forest Hill Rd
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	D	5.1 TITLE	D
NAME	TABAKA, JAMES	5.2 NAME	ERIK SALNA
STREET ADDRESS	10707 EVERGLADES KITE CIRCLE	5.3 STREET ADDRESS	1735 BRANTLEY RD.
CITY-ST-ZIP	ESTERO FL	5.4 CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	D	6.1 TITLE	D
NAME	WARD, MARTHA J	6.2 NAME	George KREJCI
STREET ADDRESS	114 SW 58TH ST	6.3 STREET ADDRESS	4423 SE 20th PL
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	CAPE CORAL FL 33904

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, with all other like empowered.

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/99

Date

941 542 7377

Daytime Phone #

CR2E037 (5/99)