

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90118 024 ****61.25

DOCUMENT # N93000004839					
1. Entity Name UNIVERSITY OF ILLINOIS ALUMNI CLUB OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 114 SW 58 STREET CAPE CORAL, FL 33914 US			Mailing Address 114 SW 58 STREET CAPE CORAL, FL 33914 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0448471	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REHER, JOHN 11975 KING JAMES COURT CAPE CORAL, FL 33991			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TABLER, KENNETH A <input type="checkbox"/> Delete 1211 BROADWATER DRIVE FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete REHER, JOHN F 11975 KING JAMES COURT CAPE CORAL, FL 33991		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete BEARDEN, LAMOYNE 1010 SW 16TH TERRACE CAPE CORAL, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NORMA SEAMAN, NORMA A 1311 MEDINAH DRIVE FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TURK, LUCIAN L 10100 CYPRESS COVE DR #242 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WILNER, WILLIAM D 3010 SE 16TH PLACE CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KREJCI, GEORGE M 4423 SE 20TH PLACE CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTHA WARD, MARTHA J 114 SW 58TH STREET CAPE CORAL, FL 33914	
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: <i>John F. Reher</i>			JOHN F REHER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

20064311



07072005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

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

Filing Fee is \$61.25
Due by September 7, 2005

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	TABLER, KENNETH A	
STREET ADDRESS	1211 BROADWATER DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	VP	Delete
NAME	REHER, JOHN F	
STREET ADDRESS	11975 KING JAMES COURT	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	S	Delete
NAME	BEARDEN, LAMOYNE	
STREET ADDRESS	1010 SW 16TH TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL	
TITLE	D	Delete
NAME	TURK, LUCIAN L	
STREET ADDRESS	10100 CYPRESS COVE DR #242	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	Delete
NAME	WILNER, WILLIAM D	
STREET ADDRESS	3010 SE 16TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	Delete
NAME	KREJCI, GEORGE M	
STREET ADDRESS	4423 SE 20TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	Change Addition
NAME	NORMA SEAMAN, NORMA A	
STREET ADDRESS	1311 MEDINAH DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	Change Addition
NAME	MARTHA WARD, MARTHA J	
STREET ADDRESS	114 SW 58TH STREET	
CITY-ST-ZIP	CAPE CORAL, FL 33914	

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: *John F. Reher* **JOHN F REHER** **7-8-2005** **239-283-2223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #