


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N930000004839 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0448471	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S TABLER, KENNETH A 1211 BROADWATER DRIVE FORT MYERS FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P REHER, JOHN F 11975 KING JAMES COURT CAPE CORAL FL 33991	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP SEAMAN, NORMA A. 1311 MEDINAH DRIVE FORT MYERS FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D TURK, LUCIAN L 10100 CYPRESS COVE DR #242 FORT MYERS FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WILNER, WILLIAM D 3010 SE 16TH PLACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T WARD, MARTHA J. 114 SW 58TH STREET CAPE CORAL FL 33914	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.			000000666323 03/23/07-80066-016 61.25		



1st MOORE CR2E037 (10/06)

SIGNATURE:

Martina J. Ward **MARTHA J. WARD** 3-10-07 239-549-7516