

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004839

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** UNIVERSITY OF ILLINOIS ALUMNI CLUB OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

114 SW 58 STREET  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

114 SW 58 STREET  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 65-0448471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REHER, JOHN  
11975 KING JAMES COURT  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: TABLER, KENNETH A  
Address: 1211 BROADWATER DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: P ( ) Delete  
Name: REHER, JOHN F  
Address: 11975 KING JAMES COURT  
City-St-Zip: CAPE CORAL, FL 33991

Title: VP ( ) Delete  
Name: SEAMAN, NORMA A.  
Address: 1311 MEDINAH DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: WILNER, WILLIAM D  
Address: 3010 SE 16TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: T ( ) Delete  
Name: WARD, MARTHA J.  
Address: 114 SW 58TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F REHER

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date