

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000000769 (9)

1. Corporation Name

SOUTHWEST FLORIDA CHAPTER OF TRIO, INC.

Principal Place of Business

5076 NORTHAMPTON DR  
FT MYERS FL 33919

Mailing Address

5076 NORTHAMPTON DR  
FT MYERS FL 33919



3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

04/18/1995

4. FEI Number

65-0438259

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

29 S.E. 8th. Place

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

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City & State

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Zip

Country

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CAPE CORAL, FLORIDA

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LEE

9. Name and Address of Current Registered Agent

FLETCHER, NEWMAN M  
5076 NORTHAMPTON DR  
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

BARBARA LEEDOM

82 Street Address (P.O. Box Number is Not Acceptable)

29 S.E. 8th. PLACE

83

CAPE CORAL, FLORIDA 33990

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 BARBARA LEEDOM TREAS.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

7/9/96

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE

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