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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:01

DOCUMENT # N94000001043 (8)

1. Corporation Name

LUMBERMANS' CREDIT ASSOCIATION OF SOUTHWEST FLOR IDA, INC.

Principal Place of Business	Mailing Address
3530 METRO PARKWAY FORT MYERS FL 33916-7698	3530 METRO PARKWAY FORT MYERS FL 33916-7698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: NA
4. FEI Number: [X] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [ ] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DICKEY, DOUGLAS D
3530 METRO PARKWAY
FORT MYERS FL 33916-7698

10. Name and Address of New Registered Agent

81 Name: CORA GILBERT
82 Street Address (P.O. Box Number is Not Acceptable): 919 COUNTRY CLUB BLVD.
83
84 City: CAPE CORAL FL 85 Zip Code: 33990

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Cora A. Gilbert — 5
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	D	11 TITLE	D	[X] Change [ ] Addition
NAME	MAZZOLA, JOE	12 NAME	CORA A. GILBERT	
STREET ADDRESS	P.O. BOX 3368 (N/A)	13 STREET ADDRESS	919 COUNTRY CLUB BLVD.	
CITY-ST-ZIP	N. FORT MYERS FL 33918	14 CITY-ST-ZIP	CAPE CORAL, FL. 33990	
TITLE	D	21 TITLE		[ ] Change [ ] Addition
NAME	BABB, CHARLES D	22 NAME		
STREET ADDRESS	P.O. BOX 1717 (N/A)	23 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33959	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	[X] Change [ ] Addition
NAME	DICKEY, DOUGLAS D	32 NAME	FORREST MASON	
STREET ADDRESS	3530 METRO PARKWAY	33 STREET ADDRESS	16000 OLD US 41	
CITY-ST-ZIP	FORT MYERS FL 33916-7698	34 CITY-ST-ZIP	N NAPLES FL 33963	
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Cora A. Gilbert — 5/24/95 — 813-574-1667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C0950A40