

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001043 (8)

1. Corporation Name

LUMBERMANS' CREDIT ASSOCIATION OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

3530 METRO PARKWAY
FORT MYERS FL 33916-7698

Mailing Address

3530 METRO PARKWAY
FORT MYERS FL 33916-7698

3. Date Incorporated or Qualified
02/28/1994

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLIED FOR 65-0480480

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, CORA
919 COUNTRY CLUB BLVD
CAPE CORAL FL 33990

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

☐ DELETE

GILBERT, CORA A
919 COUNTRY CLUB BLVD
CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

☐ DELETE

BABB, CHARLES D
P.O. BOX 1717 (N/A)
BONITA SPRINGS FL 33959

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

☒ DELETE

MASON, FORREST
16000 OLD US 41
N NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

☐ DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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)(k), 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, PRES.

4/26/96

941-332-1753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)