

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002590 (7)

1. Corporation Name
SOUTHWEST FLORIDA CHAPTER OF THE NATIONAL SOCIETY OF FUND RAISING EXECUTIVES, INC.

Principal Place of Business Mailing Address
**% KARIN E GUSTAFSON YMCA FOUNDATION
1084 S BRIGGS AVE
SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/13/1994	3a. Date of Last Report
4. FBI Number 65-0288699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 PO Box 5974	2a. Mailing Address 26 PO Box 5974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip 24 34277-5974 Country - USA	Zip 29 34277-5974 Country - USA

9. Name and Address of Current Registered Agent
**FIELD, SUELLEN R CFRE
1545 SHADOW RIDGE CIR
SARASOTA FL 34240**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUSTAFSON, KARIN E CFRE
STREET ADDRESS	1084 S BRIGGS AVE
CITY - ST - ZIP	SARASOTA FL 34237
TITLE	D
NAME	BOS, MARY BETH CFRE
STREET ADDRESS	7318 N TAMiami TRAIL
CITY - ST - ZIP	SARASOTA FL 34243
TITLE	D
NAME	FIELD, SUELLEN R CFRE
STREET ADDRESS	1545 SHADOW RIDGE CIR
CITY - ST - ZIP	SARASOTA FL 34240
TITLE	D
NAME	STEARNS, STEWART W
STREET ADDRESS	PO BOX 49587 N/A
CITY - ST - ZIP	SARASOTA FL 34230
TITLE	D
NAME	BLAIR, ALAN H DR
STREET ADDRESS	PO BOX 1849 N/A
CITY - ST - ZIP	BRADENTON FL 34208
TITLE	D
NAME	FRALEY, DOUGLAS
STREET ADDRESS	1750 17TH ST BLDG C-1
CITY - ST - ZIP	SARASOTA FL 34234

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHERYL Stock
1.3 STREET ADDRESS	4660 Ocean I-2
1.4 CITY - ST - ZIP	SARASOTA FL 34242
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BART TRYON
3.3 STREET ADDRESS	73 Palm Ave, S, Suite 222
3.4 CITY - ST - ZIP	SARASOTA FL 34236
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAROL JOHNSTON
4.3 STREET ADDRESS	6140 Rogers Avenue
4.4 CITY - ST - ZIP	Sarasota, Florida 34231
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KATHLEEN WIEDENBUR
6.3 STREET ADDRESS	4171 Fruitville Road
6.4 CITY - ST - ZIP	SARASOTA FL 34232

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 110.07(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: Barton Clarke Tryon 4/20/95 813-955-4483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Title Telephone #
Barton Clarke Tryon, Treas. NSFRE