

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000002590 (7)**

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



Principal Place of Business  
**PO BOX 5974  
SARASOTA FL 34277  
US**

Mailing Address  
**PO BOX 5974  
SARASOTA FL 34277  
US**

3. Date Incorporated or Qualified  
**05/13/1994**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

4. FEI Number  
**65-0288699**

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

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  
**H. Douglas Kerr**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5524 Beebe Woods Circle**  
83  
84 City  
**SARASOTA** FL 85 Zip Code  
**34233**

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 **H. Douglas Kerr, Pres.**  
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	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOCK, CHERYL</b>	1.2 NAME	
STREET ADDRESS	<b>4660 OCEAN I-2</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOS, MARY BETH CFRE</b>	2.2 NAME	<b>H. Douglas Kerr</b>
STREET ADDRESS	<b>7318 N TAMiami TRAIL</b>	2.3 STREET ADDRESS	<b>5524 Beebe Woods Cir.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	2.4 CITY-ST-ZIP	<b>SARASOTA, Fla. 34233</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRYON, BART</b>	3.2 NAME	
STREET ADDRESS	<b>73 PALM SOUTH STE 222</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSTON, CAROL</b>	4.2 NAME	
STREET ADDRESS	<b>6140 ROGERS AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAIR, ALAN H DR</b>	5.2 NAME	
STREET ADDRESS	<b>PO BOX 1849 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34206</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WIEDEMER, KATHLEEN</b>	6.2 NAME	<b>ALEXANDRA STAACKER</b>
STREET ADDRESS	<b>4171 FRUITVILLE RD</b>	6.3 STREET ADDRESS	<b>1838 Waldenere St.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	6.4 CITY-ST-ZIP	<b>SARASOTA, Fla. 34233</b>

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: **H. Douglas Kerr** **H. Douglas KERR** **3/1/96** (941)-927-8900  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)