

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002590 (7)**  
 1. Corporation Name  
**SOUTHWEST FLORIDA CHAPTER OF THE NATIONAL SOCIETY OF FUND RAISING EXECUTIVES, INC.**



Principal Place of Business <b>PO BOX 5974 SARASOTA FL 34277 US</b>	Mailing Address <b>PO BOX 5974 SARASOTA FL 34277-5974 US</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip <b>25</b> Country	<b>29</b> Zip <b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>05/13/1994</b>	<b>3a.</b> Date of Last Report <b>03/07/1996</b>
<b>4.</b> FEI Number <b>65-0288699</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**KERR, H. DOUGLAS  
 6524 BENEVA WOOD CIRCLE  
 SARASOTA FL 34233**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KERR, H. DOUGLAS</b>
STREET ADDRESS	<b>5524 BENEVA WOOD CIRCLE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BOS, MARY BETH CFRE</b>
STREET ADDRESS	<b>7318 N TAMiami TRAIL</b>
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TRYON, BART</b>
STREET ADDRESS	<b>73 PALM SOUTH STE 222</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSTON, CAROL</b>
STREET ADDRESS	<b>6140 ROGERS AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BLAIR, ALAN H DR</b>
STREET ADDRESS	<b>PO BOX 1849 N/A</b>
CITY-ST-ZIP	<b>BRADENTON FL 34206</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STAECKER, ALEXANDRA</b>
STREET ADDRESS	<b>1838 WALDEMERE STREET</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME
<b>1.3</b> STREET ADDRESS
<b>1.4</b> CITY-ST-ZIP
<b>2.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME
<b>2.3</b> STREET ADDRESS
<b>2.4</b> CITY-ST-ZIP
<b>3.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME
<b>3.3</b> STREET ADDRESS
<b>3.4</b> CITY-ST-ZIP
<b>4.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME
<b>4.3</b> STREET ADDRESS
<b>4.4</b> CITY-ST-ZIP
<b>5.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME
<b>5.3</b> STREET ADDRESS
<b>5.4</b> CITY-ST-ZIP
<b>6.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME
<b>6.3</b> STREET ADDRESS
<b>6.4</b> CITY-ST-ZIP

**14.** I do hereby certify that the information supplied with this filing 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, changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ **APR 05 1997**

CP2E037 (9/96)