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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT** #

N94000002590 (7)

SOUTHWEST FLORIDA CHAPTER OF THE NATIONAL SOCIET

Y OF FUND RAISING EXECUTIVES, INC.										
Principal Place of Business PO BOX 5974 SARASOTA FL 34277		Mailing Address PO BOX 5974 SARASOTA FL 34277-5974 US			- I HODINYOL BID IGLIK ONDKI BONY DBINI BQUIK OQUKI DONYO KIRDY DKIYO YBYNI OQUI KODK					
US		vo			3. Date incorporated or Qualified 05/13/1994	3a. Date of 1 03/0	ast Report)7/1996			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied					
21		26				65-0288699		Not Applicable		
Suite 22	, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 -	.75 Additional		
City (& State	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees		
Zip 24	Country 25	Z ip 29	30	intry	-	8. This corporation has liability for Florida Statutes	intangible tax ur Yes X No	der s. 199.032,		
	9. Name and Address of Current Registered Agent					10. Name and Address of New Ro	gistered Agent			
				81	Name					
KERR, H. DOUGLAS 6524 BENEVA WOOD CIRCLE			82	Street Address (P.O. Box Number is Not Acceptable)						
	RASOTA FL 34233			83						
				84	City		FL 85	Zip Code		
11. Pur	suant to the provisions of Sections 617. be or registered agent, or both, in the St	0502 and 617.1508, Florid late of Florida, Such chan	a Statutos, the a ge was authorize	bove d by	e-named corpo the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of chang pt the appointme	ging its registered ent as registered		

		84	City		05 7	ip Code						
			Oity		FL °° *	10000						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-gamed corporation submits this statement for the purpose of changing its registered												
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE												
			nt signature re			ODC IVI 12						
				ADDITIONS/CHANGES TO OFFI								
, •	T" DELETE	4	- 1		Cuant	e Audilion						
		1.2 NAME										
****		1,3 STREET	ADDRESS									
SARASOTA FL		1.4 CHTY-S1	- 216									
D	L DELETE	2.1 TOTLE			∟. Chang	e 🔲 Addition						
BOS, MARY BETH CFRE		2.2 NAME				Ì						
7318 N TAMIAMI TRAIL		2.3 STREET	ADDRESS			Į						
SARASOTA FL 34243		2.4 CITY-S	1-ZIP									
D	□ DELETE	3 1 TITLE			☐ Chang	e 🔲 Addition						
TRYON, BART		3.2 NAME				į						
73 PALM SOUTH STE 222		3.3 STREET	ADDRESS									
SARASOTA FL		3.4. CITY-S	1-21P									
D	DELETE	4.1 TITLE			☐ Chang	e 🔲 Addition						
JOHNSTON, CAROL		4. 2 NAME				1						
6140 ROGERS AVE		4.3 \$TREE1	ADORESS									
SARASOTA FL		4.4 CITY-ST	- ZIP									
D	DELETE	5.1 TITLE			☐ Chang	e 🔲 Addition						
BLAIR, ALAN H DR		5.2 NAME										
PO BOX 1849 N/A		5.3 STREET	ADDRESS			l						
BRADENTON FL 34206		5.4 CITY - ST	· ZIP]						
D	☐ DELETE	6,1 TITLE			L Chang	e 🔲 Addition						
STAECKER, ALEXANDRA		6.2 NAME										
1838 WALDEMERE STREET		6.3 STREET	ADDRESS]						
SARASOTA FL		6.4 CITY - ST	- ZIP									
	egistered agent, or both, in the Stato of Florida. Sm familiar with, and accept the obligations of, Se Signature, typed or printed name of registered agent and title if app OFFICE RS AND DIRECTO. D KERR, H. DOUGLAS 5524 BENEVA WOOD CIRCLE SARASOTA FL D BOS, MARY BETH CFRE 7318 N TAMIAMI TRAIL SARASOTA FL 34243 D TRYON, BART 73 PALM SOUTH STE 222 SARASOTA FL D JOHNSTON, CAROL 6140 ROGERS AVE SARASOTA FL D BLAIR, ALAN H DR PO BOX 1849 N/A BRADENTON FL 34206 D STAECKER, ALEXANDRA 1838 WALDEMERE STREET	egistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 617.0503, Flori Signature, typed or printed name of registered agent and title if applicable. OFFICE RS AND DIRECTORS D	egistered agent, or both, in the State of Florida, Such change was authorized by m familiar with, and accept the obligations of, Section 617.0503, Florida Statutes Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen OFFICE RS AND DIRECTORS 13.	to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named clegistered agent, or both, in the State of Florida. Such change was authorized by the corporn familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of ligistered agent and title if applicable. (NOTE: Registered Agent signature re OFFICERS AND DIRECTORS 13. DELETE	to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the egistered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby according to the provisions of Section 617.0503, Florida Statutes. Signature, typed or printed name of logistered agont and title if applicable. (NOTE: Registered Agont eliginature required when reneating)	to the provisions of Sections 617 0502 and 617,1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing egistered agont, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing egistered agont, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing egistered agont, or both, in the State of Florida. Statutes. Signature, typed or princed report and this ill applicable (NOTE: Registered Agont algorature required when retreating) DATE						

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 or changed, or on an attachment with an address.

FILED

Apr 14 1997 8:00am

Secretary of State