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Aug 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
05/13/1994
4. FEI Number Applied For
65-0288699 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KERR, H. DOUGLAS
5524 BENEVA WOOD CIRCLE
SARASOTA FL 34239

10. Name and Address of New Registered Agent
81 Name Barton Clarke Tryon
82 Street Address (P.O. Box Number is Not Acceptable) 201 10th Street West
83 Bradenton, Fl
84 City Bradenton FL 85 Zip Code 34205

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 *Barton Clarke Tryon, President* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D Philanthropy Day Chair <input type="checkbox"/> DELETE
NAME	KERR, H. DOUGLAS
STREET ADDRESS	5524 BENEVA WOOD CIRCLE
CITY-ST-ZIP	SARASOTA FL
TITLE	D Ex-President (Past) <input checked="" type="checkbox"/> DELETE
NAME	BOS, MARY BETH CFRE
STREET ADDRESS	7318 N TAMiami TRAIL
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	D President <input type="checkbox"/> DELETE
NAME	TRYON, BART
STREET ADDRESS	73 PALM SOUTH STE 222
CITY-ST-ZIP	SARASOTA FL
TITLE	D Past Treasurer <input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, CAROL
STREET ADDRESS	6140 ROGERS AVE
CITY-ST-ZIP	SARASOTA FL
TITLE	D Past Secretary <input checked="" type="checkbox"/> DELETE
NAME	BLAIR, ALAN H DR
STREET ADDRESS	PO BOX 1849 N/A
CITY-ST-ZIP	BRADENTON FL 34208
TITLE	D Board member/Delegate <input type="checkbox"/> DELETE
NAME	STAECKER, ALEXANDRA
STREET ADDRESS	1838 WALDEMERE STREET
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Philanthropy Day Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kerr, H. Douglas
1.3 STREET ADDRESS	3100 Fruitville Rd.
1.4 CITY-ST-ZIP	Sarasota, Fl 34237
2.1 TITLE	President Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Julie C. Taylor
2.3 STREET ADDRESS	1414 - 53rd Ave W.
2.4 CITY-ST-ZIP	Palmetto, Fl 34221
3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tryon, Bart
3.3 STREET ADDRESS	201 10th Street W
3.4 CITY-ST-ZIP	Bradenton, Fl 34205
4.1 TITLE	Board member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Harman, Jim
4.3 STREET ADDRESS	5700 N. Tamiami Trail
4.4 CITY-ST-ZIP	Sarasota, Fl 34243
5.1 TITLE	Vice-President, Membership <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Intagliata, Lisa
5.3 STREET ADDRESS	4171 Fruitville Rd.
5.4 CITY-ST-ZIP	Sarasota, Fl 34232
6.1 TITLE	Miller, Jan Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	3205 South Gate Circle
6.3 STREET ADDRESS	Sarasota, Fl 34239
6.4 CITY-ST-ZIP	

14. I 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 if changed, or in an attachment with an address.
Barton Clarke Tryon, President 5/1/98

SIGNATURE *Barton Clarke Tryon* 813 7464132 ex.18

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