


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90252 016 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N94000002590

1. Corporation Name

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

450953-90252-16



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| Principal Place of Business PO BOX 5174 SARASOTA FL 34277 US | Mailing Address PO BOX 5974 SARASOTA FL 34277 US |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 05/13/1994 |
| 22 City & State | 27 City & State | 4. FEI Number 65-0288699 |
| 23 Zip | 29 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Zip | 30 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent TRYON BARTON CLARKE 201 10TH STREET WEST BRADENTON FL 34205 | 10. Name and Address of New Registered Agent 81 Name TAYLOR, JULIE C. 82 Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET 83 SUITE 959 84 City SARASOTA FL 85 Zip Code 34236 |
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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: *[Signature]* (NOTE: Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE: PDC | NAME: KERR, DOUGLAS H | 1.1 TITLE: D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 3100 FRUITVILLE ROAD | CITY-ST-ZIP: SARASOTA FL 34237 | 1.2 NAME: | |
| | | 1.3 STREET ADDRESS: | |
| | | 1.4 CITY-ST-ZIP: | |
| TITLE: PE | NAME: TAYLOR, JULIE C | 2.1 TITLE: P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 1414 - 53RD AVENUE WEST | CITY-ST-ZIP: PALMETTO FL 34221 | 2.2 NAME: TAYLOR, JULIE C | |
| | | 2.3 STREET ADDRESS: 1800 SECOND STREET - SUITE 959 | |
| | | 2.4 CITY-ST-ZIP: SARASOTA, FL 34236 | |
| TITLE: PD | NAME: TRYON, BART | 3.1 TITLE: D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 201 10TH STREET WEST | CITY-ST-ZIP: BRADENTON FL 34205 | 3.2 NAME: TRYON, BART | |
| | | 3.3 STREET ADDRESS: 1800 SECOND STREET - SUITE 959 | |
| | | 3.4 CITY-ST-ZIP: SARASOTA, FL 34236 | |
| TITLE: BM | NAME: HARMAN, JIM | 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 5700 NORTH TAMiami TRAIL | CITY-ST-ZIP: SARASOTA FL 34243 | 4.2 NAME: | |
| | | 4.3 STREET ADDRESS: | |
| | | 4.4 CITY-ST-ZIP: | |
| TITLE: VPM | NAME: INTAGLIATA, LISA | 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 4171 FRUITVILLE ROAD | CITY-ST-ZIP: SARASOTA FL 34232 | 5.2 NAME: | |
| | | 5.3 STREET ADDRESS: | |
| | | 5.4 CITY-ST-ZIP: | |
| TITLE: T | NAME: MILLER, JAN | 6.1 TITLE: T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 3205 SOUTH GATE CIRCLE | CITY-ST-ZIP: SARASOTA FL 34239 | 6.2 NAME: WILSON, WILLIAM A. | |
| | | 6.3 STREET ADDRESS: 311 SOUTH PALM AVENUE | |
| | | 6.4 CITY-ST-ZIP: SARASOTA, FL 34236 | |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* WILSON, WILLIAM A. WILSON 4-27-99 941-366-5931 x20
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)