FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400003086

1. Corporation Name

JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, INC.

Principal Place of Business 1250 TAMIAMI TRAIL 207 NAPLES FL 34102

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

1250 TAMIAMI TRAIL

NAPLES FL 34102

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

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FILED Apr 07, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

06/17/1994

65-0503084

4. FEI Number

Zip		Country			Country		٠٠	Election Cambaign Financing	, 🗆	\$5.00	- 1
24	25		29	30				Trust Fund Contribution		Added 1	o Fees
	9. Name an	d Address of Current R	egistered Agent				10.	Name and Address of New	Registered	Agent	
					81	Name					}
HARRISON, WENDY S						Street	Address (P	O. Box Number is Not Accep	otable)		
1250 TAMIAMI TRAIL N						OHOU.	, 124, 000 (·				
SUITE 207											
NAPLES FL 34102										85 Zip (2010
MAPLEST	I L 34102				84	City			FL	85 Zip (2008
office or r agent. I a	registered agent am familiar with,	t, or both, in the State of I and accept the obligation	Florida. Such change ns of, Section 617.05	was author	nzed by	the corpo	corporation oration's bo	n submits this statement for the pard of directors. I hereby account	e purpose of ept the appoi	changing its ntment as re	registered gistered
SIGNATURE	12 3, 111	printed name of registered agent an		(NOTE: Regis	stored Area	d connection of	nouled when re	einstating)	DATE		
12.	Signature, typed or p	OFFICERS AND I			13.	it signature in		ADDITIONS/CHANGES TO C		ID DIRECTO	RS IN 12
TITLE	CD	OFFICERS AND			1.1 TITLE					Change	Addition
NAME	HALE, KEVI				1.2 NAME	- 1					•
STREET ADORESS	1				1.3 STREET	ADDRESS					
City-St-ZIP	ss 12730 NEW BRITTANY ROAD FT. MYERS FL				1.4 CITY-S						
TITLE	VCD	<u> </u>	DEL		2.1 TITLE	1-21		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME	BRUNKER, I	BIIDDY			2.2 NAME	ļ					{
STREET ADDRESS					2.3 STREET	ADDRESS					
CITY-ST-ZIP	NAPLES FL	TI NA			2. 4 CITY-S						
TITLE	TO		☐ DEL		3.1 TITLE					Change	☐ Addition
NAME	BUNNEL, JA	١٧			3.2 NAME						
STREET ADDRESS		RPRISE AVE			3.3 STREET	ADDRESS	.پ.			سسین ہو ۔	
CITY-ST-ZIP	NAPLES FL	WINCE THE DESIGNATION OF THE PERSON OF THE P			3.4. CITY-S						
TITLE	S		☐ DEL		4.1 TITLE		VCD	>		Otrange	☐ Addition
NAME	SPAUGH, S.	ABRA			4. 2 NAME	i	•			بمقامد	,
STREET AODRESS	- 1- 1 DOLUM - 011 DILM - 1110				4.3 STREET	ADDRESS	3451 BONITA BAY BLUD #104				'
CITY-ST-ZIP	BONITA SPO				4.4 CITY-S	T- <i>Z</i> IP				•	
TITLE	P	<u></u>	□ DEL		5.1 TITLE					Change	☐ Addition
NAME	HARRISON.	WENDY			5.2 NAME						
STREET ADDRESS		MI TR N #207			5.3 STREET	ADDRESS					:
CITY-ST-ZIP	NAPLES FL			ŧ	5.4 CITY-S	T-ZBP					
TITLE	1		☐ DEL	ETE	6.1 TITLE		3			☐ Change	Addition
NAME					6.2 NAME		VIRE	WIA CRAIG	D.o.		
STREET ADDRESS	<u> </u>				6.3 STREET	ADDRESS	801	LAUREL 01 K	JK.		
CITY-ST-ZIP	1				6.4 CITY-S	T-ZIP	NAPL	igs fr 34108	Ī		ļ

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

S HARRISON

3125/99

941-649-606

Daytime Phone #

017007000

Applied For

\$8.75 Additional

Fee Required

Not Applicable