



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90049 008 ****61.25

DOCUMENT # N94000003086 1. Entity Name JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 24311 WALDEN CENTER DR STE 200 BONITA SPRINGS, FL 34134 US		Mailing Address 24311 WALDEN CENTER DR STE 200 BONITA SPRINGS, FL 34134 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 9530 Marketplace Road Suite, Apt. #, etc. 104	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33912	Country USA	4. FEI Number 65-0503084	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEPHAN, VICTORIA B 24311 WALDEN CENTER DRIVE SUITE 200 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Stephan, Victoria B. Street Address (P.O. Box Number is Not Acceptable) 9530 Marketplace Road Suite 104 Fort Myers, FL 33912	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE CD	NAME BASSETT, BOB	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 27200 RIVERVIEW BLVD	CITY-ST-ZIP BONITA SPRINGS, FL 34134		
TITLE VCD	NAME DURNWALD, RICK	<input type="checkbox"/> Delete	
STREET ADDRESS 8191 COLLEGE PARKWAY	CITY-ST-ZIP FORT MYERS, FL 33919		
TITLE SD	NAME PATERNO, JOE	<input type="checkbox"/> Delete	
STREET ADDRESS 24311 WALDEN CENTER DRIVE	CITY-ST-ZIP BONITA SPGS, FL 34134		
TITLE T	NAME RILEY, MIKE	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 3719 CENTRAL AVENUE	CITY-ST-ZIP FORT MYERS, FL 33901		
TITLE P	NAME STEPHAN, VICTORIA B	<input type="checkbox"/> Delete	
STREET ADDRESS 24311 WALDEN CENTER DRIVE	CITY-ST-ZIP BONITA SPRINGS, FL 34134		
TITLE Chair	NAME Dilman Thomas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS P.O. Box 60139	CITY-ST-ZIP Ft. Myers, FL 33906		
TITLE Past Chair	NAME Joe Paterno	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9530 Marketplace Rd #104	CITY-ST-ZIP Ft. Myers FL 33912		
TITLE T	NAME Craig Sherman	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1185 Immokalee Rd.	CITY-ST-ZIP NAPLES, FL 34110		
TITLE See address above	NAME See address above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS See address above	CITY-ST-ZIP See address above		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 7/23/07 (239) 225-2590	