2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

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Entity Name: ZONTA FOUNDATION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

11640 COURT OF PALMS #203
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

PO BOX 1244
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0584445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOOD, JOAN M
11640 COURT OF PALMS #203
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ROBISON, LINDA	
Address:	2959 W. GULF DRIVE #B-102	
City-St-Zip:	SANIBEL, FL 33957	
Title:	VD	( ) Delete
Name:	SALTZMAN, ESTHER	
Address:	14813 LAGUNA DRIVE #401B	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	SD	( ) Delete
Name:	WEST, WENDY	
Address:	1021 FISHCROW ROAD	
City-St-Zip:	SANIBEL, FL 33957	
Title:	TD	( ) Delete
Name:	GOOD, JOAN M	
Address:	11640 COURT OF PALMS #203	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	D	( ) Delete
Name:	GRAY, CAROLYN	
Address:	2010 WILD LIME DRIVE	
City-St-Zip:	SANIBEL, FL 33957	
Title:	D	( ) Delete
Name:	WEBBER, SALLY	
Address:	430 SW 44TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33914	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN M. GOOD TD 03/28/2006

Electronic Signature of Signing Officer or Director — Date