2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N95000001982

Entity Name: ZONTA FOUNDATION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1622 SERENITY LANE
SANIBEL, FL 33957

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 (X)**

Name and Address of Current Registered Agent:

BABB, VALORIE S
1622 SERENITY LANE
SANIBEL, FL 33957 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: VD ( ) Delete
Name: ROBISON, LINDA
Address: 2959 W. GULF DRIVE #B-102
City-St-Zip: SANIBEL, FL 33957

Title: PD ( ) Delete
Name: SALTZMAN, ESTHER
Address: 14813 LAGUNA DRIVE #401B
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: KAREN, PATI
Address: 1995 ROSEATE LANE
City-St-Zip: SANIBEL, FL 33957

Title: TD ( ) Delete
Name: BABB, VALORIE S
Address: 1622 SERENITY LANE
City-St-Zip: SANIBEL, FL 33957

Title: D ( ) Delete
Name: O'BRIEN, MAUREEN
Address: 3708 AGATE COURT
City-St-Zip: SANIBEL, FL 33957

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:

I hereby certify that the information supplied with this filing does not qualify 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: VALORIE BABB TD 02/05/2008

Electronic Signature of Signing Officer or Director — Date