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Jun 17 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra S. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005346 (9)

1. Corporation Name

SOUTHWEST FLORIDA MARINE TRADE FOUNDATION, INC.



Principal Place of Business

1505 S.E. 40TH STREET  
SUITE B  
CAPE CORAL FL 33904

Mailing Address

1505 S.E. 40TH STREET  
SUITE B  
CAPE CORAL FL 33904-7913

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 P.O. Box 458

Suite, Apt. #, etc.

27 City & State

28 Cape Coral, FL

29 Zip Country

30 33910 USA

3. Date Incorporated or Qualified  
10/16/1996

3a. Date of Last Report

4. FEI Number

Non-Profit

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, LEIGH M ESQ  
1505 S.E. 40TH STREET  
SUITE B  
CAPE CORAL FL 33904

81 Name BARBARA MEYER

82 Street Address (P.O. Box Number is Not Acceptable)  
5301 MAJESTIC CT

83

84 City Cape Coral

FL

85 Zip Code 33904

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 *Barbara Meyer* *Barbara Meyer* 6-12-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME COOLEY, ROBERT  
STREET ADDRESS % 4765 ESTERO BLVD.  
CITY-ST-ZIP FT MYERS BEACH FL 33931

TITLE V ☐ DELETE

NAME PARISEAU, JESSE  
CITY-ST-ZIP NAPLES FL 33940

TITLE ST ☐ DELETE

NAME MEYER, BARBARA  
STREET ADDRESS % 1424 S.E. 46TH ST  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ DELETE

NAME MEJEWSKI, STEVE  
STREET ADDRESS % 1430 ROSE GARDEN RD  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE

NAME RILEY, PAT  
STREET ADDRESS % 2052 VIRGINIA AVE  
CITY-ST-ZIP FT MYERS FL 33914

TITLE D ☐ DELETE

NAME SIBBALD, STEVE  
STREET ADDRESS % 2211 N TAMiami TRAIL  
CITY-ST-ZIP N FT MYERS FL 33903

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Cooley, Robert T  
1.3 STREET ADDRESS ~~P.O. Box 458~~ 2810 SE 20th AVE  
1.4 CITY-ST-ZIP Cape Coral, FL 33904

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME Pariseau, Jesse  
2.4 CITY-ST-ZIP Naples, FL - 33940

3.1 TITLE ST ☒ Change ☐ Addition

3.2 NAME MEYER, BARBARA  
3.3 STREET ADDRESS 5301 MAJESTIC CT.  
3.4 CITY-ST-ZIP Cape Coral, FL 33904

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME GIBBS, Gil  
4.3 STREET ADDRESS 928 NE 24th LANE #4  
4.4 CITY-ST-ZIP Cape Coral, FL 33909

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)

Dep. \$61.25