

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

P.O. BOX 458  
CAPE CORAL FL 33910

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MEYER, BARBARA  
5301 MAJESTIC CT  
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

10/16/1996

4. FEI Number

APPLIED FOR

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

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 2810 SE 20TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE V ☐ DELETE

NAME PARISEAU, JESSE

STREET ADDRESS 1048 B PINE RIDGE RD  
CITY-ST-ZIP NAPLES FL 33940

TITLE ST ☐ DELETE

NAME MEYER, BARBARA

STREET ADDRESS 5301 MAJESTIC CT  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ DELETE

NAME GIBBS, GIL

STREET ADDRESS 928 NE 24TH LANE #4  
CITY-ST-ZIP CAPE CORAL FL 33909

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/30/98

94-540-0526

FILED  
Oct 09 1998 8:00am<sup>8</sup>  
Secretary of State



CR2E037 (5/98)