


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # N97000004437 1. Entity Name THE PRESIDENT'S FORUM OF SOUTHWEST FLORIDA, INC.	
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Principal Place of Business 2382 TURNBERRY CT. NAPLES, FL 34109	Mailing Address 2382 TURNBERRY CT. NAPLES, FL 34109
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01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3464594	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent CARTER, JAMES D 2382 TURNBERRY CT. NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KANSKA, RICHARD 6329 TRAIL BLVD NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, JAMES D 2382 TURNBERRY CT. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, MARVIN F 7008 PELICAN BAY BVD FF504 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHMELZLE, GEORGE 8950 FONTANA DEL SOLWAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000244402
02/26/05-80002-1006 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/05 239-566-3366
Date Daytime Phone #