
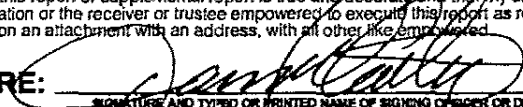


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # N97000004437		
1. Entity Name THE PRESIDENT'S FORUM OF SOUTHWEST FLORIDA, INC.		
Principal Place of Business 2382 TURNBERRY CT. NAPLES, FL 34109	Mailing Address 2382 TURNBERRY CT. NAPLES, FL 34109	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000617048 02/07/07-80060-008 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KANSKA, RICHARD 6329 TRAIL BLVD NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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 RAY, THOMAS 10600 TAMiami TRL N STE 604 NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURSTON, C.J. 999 NINETH STR S STE 200 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WAYNE 1385 WOODUCK TRL NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employment.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/29/07 239-3366 <small>Date Daytime Phone #</small>