

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 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



01212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3484594	Applied For Not Applicable
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$81.25
Due by May 1, 2008

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

For information only: This filing is subject to the provisions of Chapter 617, Florida Statutes, regarding election campaign financing.

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	KANSKA, RICHARD
STREET ADDRESS	6329 TRAIL BLVD
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	PD
NAME	CARTER, JAMES D
STREET ADDRESS	2382 TURNBERRY CT.
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	TD
NAME	RAY, THOMAS
STREET ADDRESS	10600 TAMiami Trl N STE 604
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	SD
NAME	HURSTON, C.J.
STREET ADDRESS	999 NINETH STR S STE 200
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	SMITH, WAYNE
STREET ADDRESS	1385 WOODUCK Trl
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/08-80082-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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 affidavit, with all other like empowered.

SIGNATURE:

JAMES D. CARTER

1/21/08 239-546-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #