

FILE NOW: FILING FEE IS \$61.25

03-06-1999 90123 040 ****61.25
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RECORDS SECTION
TALLAHASSEE, FLORIDA

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CR2E037 (11/98)

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N98000000877

1. Corporation Name
~~FAT N FED UP, INC.~~ N/C 7/6/99
Southwest Florida Council, Inc

| | |
|--|--|
| Principal Place of Business 2500 NORTH TAMiami TRAIL STE. 116 NAPLES FL 34103 | Mailing Address 2500 NORTH TAMiami TRAIL STE. 116 NAPLES FL 34103 |
|--|--|



| | | |
|--------------------------------|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Quelled 02/13/1998 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-3574331 |
| 22 City & State | 27 City & State | Applied For Not Applicable |
| 23 Zip | 28 Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Country | 29 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent CARKHUFF, WALDO H 108 HISPANIOLA LANE BONITA SPRINGS FL 34134 | 10. Name and Address of New Registered Agent |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 84 City |
| | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute, the above-named corporation submits this statement for the purpose of changing its registered officer 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 | | NOTE: Registered Agent signature required when renewing | | DATE |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PRESIDENT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RICHARD L BOWEN | 1.2 NAME | | |
| STREET ADDRESS | 2500 N TAMiami TRAIL #116 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34103 | 1.4 CITY-ST-ZIP | | |
| TITLE | VP/D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | J.E. Bowen | 2.2 NAME | | |
| STREET ADDRESS | 24 Huntwick Ct | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Columbia, SC 29206 | 2.4 CITY-ST-ZIP | | |
| TITLE | S/D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Richard Bowen | 3.2 NAME | | |
| STREET ADDRESS | 70 S. Portlake | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Bonita Springs, FL 34134 | 3.4 CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 as an attachment with an address, with all other data as provided.

SIGNATURE: *Richard Bowen*

Changed made per conversation w/ Richard Bowen on 11/3/99 ZSD