

DOCUMENT # N98000000877

1. Entity Name

SOUTHWEST FLORIDA COUNCIL, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

04-07-2000 90065 008 \*\*\*\*61.25

Principal Place of Business: 2500 NORTH TAMiami TRAIL, STE 116 NAPLES FL 34103
Mailing Address: 2500 NORTH TAMiami TRAIL, STE 116 NAPLES FL 34103-4421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 3. Mailing Address, Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-3574331
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CARKHUFF, WALDO H, 108 HISPANIOLA LANE, BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent: Name, Street Address, City, FL, Zip Code

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.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD BOWEN, RICHARD L; VD BOWEN, J E; SD BOWEN, RENEL.

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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...

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature, Date: 5-22-00, Daytime Phone #: 941-403-8800

CR2E037 (9/99)