NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800004127

1. Corporation Name

THE INDIANA SOCIETY OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

5129 CASTELLO DRIVE #1 NAPLES FL 34103 5129 CASTELLO DRIVE #1 NAPLES FL 34103

FILED May 04, 1999 8:00 am \$ Secretary of State

05-04-1999 90203 025 ****61.25

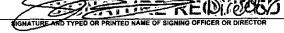
484912⁴ - 90203 - 25



⊢ ⊸ ' ' ' ' '	2. Principal Place of Business 2a. Mailing Address					06/03/1998			
21 Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Apr	olied For	
22	27					59-3527338	Not	Applicable	
	City & State City & State			***************************************		5. Certificate of Status Desired	\$8.75 Additional		
Zip	Zip Country Zip Cou				ntry 6. Election Campaign Financing Trust Fund Contribution Added to Fe				
24	9. Name and Address of Current		1301		_	10. Name and Address of New Register			
	J. Haine and Address of Carrent	rogisteres rigoni	8	1 Na	ame				
						(2.0. D. M. sharis Nat Associable)			
STRAUSS, JEROME M				82 Street Address (P.O. Box Number is Not Acceptable)					
5129 CASTELLO DRIVE #1				3					
NAPLES FL 34103									
				4 Ci	ty	5	- 85 Zip C	ode	
44 5	As the provinces of Sections 617 0502	and 617 1508 Florida Statut	tes the abo	ve-na	med como	protion submits this statement for the nurnose	of changing its	registered	
l office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such chande was a	autnonzea b	v tne	corporation	n's board of directors. I hereby accept the ap	pointment as reg	gistered	
-	m laminar with, and accept the obligation	oi, 200iioii 011.0000, 110							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Ag	ent sign	ature required	when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE ,	D.	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	STRAUSS, JEROME M		1.2 NAME		´				
STREET ADDRESS	1056 DIAMOND LAKE CIRCLE		1.3 STRE	ETADO	RESS				
CITY-ST-ZIP	NAPLES FL 34114		1.4 CITY-	ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	Addition	
NAME	RICE, ADELE D		2.2 NAME	Ē	}				
STREET ADDRESS	3430 GULFSHORE BLVD. N. #4-	.Δ	2.3 STRE	ET ADD	RESS				
CITY-ST-ZIP	NAPLES FL 34103	^	2.4 CITY	-ST-ZIP	,			_	
TITLE				3.1 TITLE			☐ Change	Addition	
NAME	MEYERS, HARRY E		3.2 NAMI	Ε)				
STREET ADDRESS			3.3 STRE	ET ADD	RESS				
CITY-ST-ZIP	NAPLES FL 34105		3.4. CITY					_	
TITLE		☐ DELETE	4.1 TITLE		\neg		Change	Addition	
NAME			4. 2 NAM	Ε					
STREET ADDRESS			4.3 STRE	ET ADD	RESS				
CITY-ST-ZIP			4.4 CITY						
TITLE		☐ DELETE	5.1 TITLE		_		Change	Addition Addition	
NAME			5.2 NAMI	É					
STREET ADDRESS	3. 3.		5.3 STRE	ET ADD	RESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP					
TITLE		☐ DÉLETE	6.1 TITLE		_		Change	☐ Addition	
NAME	1		6.2 NAMI	Ε					
1	\		6.3 STRE	ET ADD	RESS				
STREET ADDRESS	(6.4 City		_				

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

SIGNATURE:



4)27/99

(941) 435 -1533

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