

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000026590 (8)**  
1. Corporation Name  
**SOUTHWEST FLORIDA EMPLOYERS ASSOCIATION, INC.**



Principal Place of Business <b>2706 HORSESHOE DR S SUITE 114 NAPLES FL 34104</b>	Mailing Address <b>2706 HORSESHOE DR S SUITE 114 NAPLES FL 34104-6154</b>
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3. Date Incorporated or Qualified <b>04/01/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. <b>34104</b>	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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4. FEI Number <b>65-0403846</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SNEDIKER, BEVERLY J 101 COLONADE CIR NAPLES FL 34103</b>	
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81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 607.0505, Florida Statutes.

SIGNATURE *Beverly J. Snediker* (NOTE: Registered Agent signature required when reinstalling) DATE **4-15-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOHERTY, PHILLIP B</b>	1.2 NAME	
STREET ADDRESS	<b>2706 HORSESHOE DR S</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL 33942</b>	1.4 CITY - ST - ZIP	<b>34104</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNEDIKER, THOMAS M</b>	2.2 NAME	
STREET ADDRESS	<b>2706 HORSESHOE DR S</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL 33942</b>	2.4 CITY - ST - ZIP	<b>34104</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNEDIKER, BEVERLY J</b>	3.2 NAME	
STREET ADDRESS	<b>2706 HORSESHOE DR S</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL 33942</b>	3.4 CITY - ST - ZIP	<b>34104</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOHERTY, PATRICIA A</b>	4.2 NAME	
STREET ADDRESS	<b>2706 HORSESHOE DR S</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL 33942</b>	4.4 CITY - ST - ZIP	<b>34104</b>
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas M. Snediker* **Thomas M SNEDIKER** 4/15/97 941-649-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0412500

CR2E034 (9/96)