

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005227

Entity Name: SOUTHWEST FLORIDA CHAPTER ASSOCIATION FOR TALENT DEVELOPMENT, INC.**FILED**
Mar 01, 2016
Secretary of State
CC1772500444**Current Principal Place of Business:**ATD SWFL
12615 COLD STREAM DRIVE
FORT MYERS, FL 33912**Current Mailing Address:**ATD SWFL
PO BOX 07223
FORT MYERS, FL 33919 US**FEI Number: 59-2486611****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHOQUETTE, KATHLEEN P
12615 COLD STREAM DR
FORT MYERS, FL 33912 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	HIATT, TERESA
Address	18891 CROSSWIND AVE
City-State-Zip:	FORT MYERS FL 33917

Title	VP
Name	BURNHEIMER, ERIN
Address	1446 PARK SHORE CIRCLE #2
City-State-Zip:	FORT MYERS FL 33901

Title	D
Name	KIBBEY, LORNA
Address	18508 EASTSHORE DRIVE
City-State-Zip:	FORT MYERS FL 33967

Title	T
Name	CHOQUETTE, KATHLEEN P
Address	12615 COLD STREAM DR
City-State-Zip:	FORT MYERS FL 33912

Title	PRESIDENT
Name	DAVLIN, CHRISTINE
Address	2201 SECOND STREET
City-State-Zip:	FORT MYERS FL 33901

Title	V
Name	RIZZUTO, MELISSA
Address	9174 ASTONIA WAY
City-State-Zip:	FORT MYERS FL 33967

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN P. CHOQUETTE**TREASURER****03/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date