

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007698

Entity Name: SOUTHWEST ADVOCACY GROUP, INC.**Current Principal Place of Business:**807 SW 64TH TER
GAINESVILLE, FL 32607**Current Mailing Address:**3810 SW 106TH ST
GAINESVILLE, FL 32608 US**FEI Number:** 27-2612639**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMAS, DOROTHY
3810 SW 106TH ST
GAINESVILLE, FL 32608 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:** DOROTHY THOMAS

01/19/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CANTON, JOAN
Address 807 SW 64TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name ADAMS, GLORIA
Address 807 SW 64TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title TREASURER
Name FERRER, JAMES
Address 4524 SW 105 DRIVE
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name HARRELL, ROBERT
Address 807 SW 64TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name GONZALEZ, MIRIAM
Address 807 SW 64TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name CAMPBELL, BETTY
Address 807 SW 64TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title CO-CHAIR
Name THOMAS, DOROTHY
Address 807 SW 64TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name GILCHRIST, MCLINDA
Address 807 SW 64TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

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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: JAMES F FERRER

TREASURER

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EDWARDS, ELOISE
Address 807 SW 64TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name FUSSELL, PAULA
Address 807 SW 64TH TER
City-State-Zip: GAINESVILLE FL 32607

Title CO-CHAIR
Name BENSON, DOROTHY
Address 807 SW 64TH TER
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name POLIFKO, KAREN
Address 807 SW 64TH TER
City-State-Zip: GAINESVILLE FL 32607