

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703471 (3)

1. Corporation Name

SOUTHWEST FLORIDA CENTER FOR THE HANDICAPPED, INC.



Principal Place of Business

Mailing Address

4002 S TAMiami TRAIL
VENICE FL 34293

4002 S TAMiami TRAIL
VENICE FL 34293

3. Date Incorporated or Qualified: 01/19/1962
3a. Date of Last Report: 02/01/1995

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

4. FEI Number: 59-1011392
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

VANDER WULP, SHARON S.
227 NOKOMIS AVENUE SOUTH
VENICE FL 34285

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Sharon S. Vander Wulp*

DATE: 2-1-96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P D VANDER WULP, SHARON S. 227 NOKOMIS AVENUE SOUTH VENICE FL | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 12 NAME | |
| STREET ADDRESS | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | | 14 CITY-ST-ZIP | |
| TITLE | D BOOTH, JOHN S. 127 INLETS BLVD. NOKOMIS FL | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | D VP ROBERTS, GREGORY 341 WEST VENICE AVENUE VENICE FL | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | VP P KING, TED 938 SKLAR DR. WEST VENICE FL | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | TD CARTER, ALAN 2100 TAMiami TRAIL SO. VENICE FL | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | D KURVIN, ROBERT 1501 S. TAMiami TRAIL SUITE 501 VENICE FL | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (941) 485-7705
Date: Duplicate Phone #

CR2E037 (12/95)

1995 - 1996

SOUTHWEST FLORIDA CENTER FOR THE HANDICAPPED, INC.
BOARD OF DIRECTORS

BIGELOW, ROBERT S.
16 St. Croix Way
Englewood, FL 34223
475-2899

BOOTH, JOHN S. - Retired
127 Inlets, Blvd.
Nokomis, FL 34275
485-2687 - Home

CARTER, ALAN
AAA Auto Club South
2100 Tamiami Trail South
Venice, FL 34293
493-2100 - Business
(TREASURER)

DEMEDIO, GLORIA J. - Attorney
1505 S Tamiami Trail
Southbridge Park, Suite 405
Venice, FL 34292
497-2344

DUPONT, RAYMOND - (Parent) **
1262 Jefferson Drive
Englewood, FL 34224
474-0884 - Home

HOUGH, KAREN J.
SunTrust, Trust Office
200 S Nokomis Avenue
Venice, FL 34285
486-4400
(SECRETARY)

HULL, RALPH - Retired
964 Gondola Drive E.
Venice, FL 34293
497-6946

KING, TED - Retired
938 Sklar Drive West
Venice, FL 34293
493-7174 - Home
(PRESIDENT)

KURVIN, ROBERT
Raymond James & Associates
1501 South Tamiami Trail, Suite 501
Venice, FL 34292
497-5463 - Business

MEANEY, DR. THOMAS - (Parent) **
Englewood Golf & Country Club
9 Dominica Drive
Englewood, FL 34223
475-8799 - Home

PENXA, J. CARL Jr. **
2585 Briar Oak Circle
Sarasota, FL 34232
371-0291 - Home
493-0016 - Business
(EXECUTIVE DIRECTOR)

PINKERTON, SCOTT G.
A. G. Edwards & Sons, Inc.
Bay Plaza
700 U.S. 41 North Bypass
Venice, FL 34292
488-6751

ROBERTS, GREGORY C. - Attorney
Klingbeil & Roberts, P.A.
341 Venice Avenue West
Venice, FL 34285
485-7705 - Business
488-9109 - Fax
(VICE PRESIDENT)

SHULTZ, JACK Vice President
NationsBank
2180 Tamiami Trail South
Venice, FL 34293
493-6000 - Business

VANDER WULP, SHARON S. - Attorney
Kanetsky, Moore & DeBoer, P.A.
227 Nokomis Avenue South
Venice, FL 34285
485-1571 - Business
497-3321 - Home
484-7226 - Fax

WHOLEY, LEONARD - Retired
27 Golf View Drive
Englewood, FL 34223
474-1031

** Appointed