

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703471 (3)

1. Corporation Name
SOUTHWEST FLORIDA CENTER FOR THE HANDICAPPED, IN C.



Principal Place of Business 4002 S TAMAMI TRAIL VENICE FL 34293	Mailing Address 4002 S TAMAMI TRAIL VENICE FL 34293-5030
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/19/1962	3a. Date of Last Report 02/07/1996
21	26	4. FEI Number 59-1011392	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State	City & State	28	29
23	28	29	30
Zip	Country	Zip	Country
24	25	29	30
Sarasota	Sarasota		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VANDER WULP, SHARON S. 227 NOKOMIS AVENUE SOUT VENICE FL 34285		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDER WULP, SHARON S.	1.2 NAME	Hough, Karen J.
STREET ADDRESS	227 NOKOMIS AVENUE SOUTH	1.3 STREET ADDRESS	200 S. Nokomis Avenue
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice, FL 34285
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, JOHN S.	2.2 NAME	Shultz, Jack
STREET ADDRESS	127 INLETS BLVD.	2.3 STREET ADDRESS	2180 Tamiami Trail South
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	Venice, FL 34293
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, GREGORY	3.2 NAME	
STREET ADDRESS	341 WEST VENICE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, TED	4.2 NAME	
STREET ADDRESS	938 SKLAR DR. WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	TD D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ALAN	5.2 NAME	
STREET ADDRESS	2100 TAMAMI TRAIL SO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURVIN, ROBERT	6.2 NAME	
STREET ADDRESS	1501 S. TAMAMI TRAIL SUITE 501	6.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lea Kuntz* **REQUIRED** DATE _____ DAYTIME PHONE # **0064762**

CFR2037 (9/96)