

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4002 S TAMiami TRAIL VENICE FL 34293</b>	Mailing Address <b>4002 S TAMiami TRAIL VENICE FL 34293</b>
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3. Date Incorporated or Qualified  
**01/19/1962**

4. FEI Number <b>59-1011392</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VANDER WULP, SHARON S.</b>	
STREET ADDRESS	<b>227 NOKOMIS AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHULTZ, JACK</b>	
STREET ADDRESS	<b>2180 TAMiami TRAIL SOUTH</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOUGH, KAREN J</b>	
STREET ADDRESS	<b>200 S NOKOMIS AVENUE</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KING, TED</b>	
STREET ADDRESS	<b>938 SKLAR DR. WEST</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARTER, ALAN</b>	
STREET ADDRESS	<b>2100 TAMiami TRAIL SO.</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Vander Wulp, Sharon S.</b>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SHULTZ, JACK</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Hough, Karen J.</b>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>KING, TED</b>	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>WHOLEY, LEONARD</b>	
5.3 STREET ADDRESS	<b>27 GOLF VIEW DRIVE</b>	
5.4 CITY-ST-ZIP	<b>Englewood, FL 34223</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Booth, John S.</b>	
6.3 STREET ADDRESS	<b>129 Inlets Blvd.</b>	
6.4 CITY-ST-ZIP	<b>Nokomis, FL 34275</b>	

14. I 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: \_\_\_\_\_ **2/24/98**

CR2E037 (10/97)