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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90067 024 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703471**

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

Principal Place of Business 4002 S TAMiami TRAIL VENICE FL 34293	Mailing Address 4002 S TAMiami TRAIL VENICE FL 34293
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/19/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1011392
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 <b>HOUGH, KAREN J.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>955 NEW FOREST CIRCLE</b> 83 84 City <b>VENICE</b> FL 85 Zip Code <b>34275</b>
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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 Karen J. Hough (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE SD	VANDER WULP, SHARON S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	227 NOKOMIS AVENUE SOUTH		1.2 NAME		
STREET ADDRESS	VENICE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE PD	SHULTZ, JACK	<input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2180 TAMiami TRAIL SOUTH		2.2 NAME	<b>SHULTZ, Jack</b>	
STREET ADDRESS	VENICE FL		2.3 STREET ADDRESS	<b>270 TAMiami TRAIL S</b>	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<b>34285</b>	
TITLE TD	HOUGH, KAREN J	<input type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 S NOKOMIS AVENUE		3.2 NAME	<b>Hough, KAREN</b>	
STREET ADDRESS	VENICE FL		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE D	KING, TED	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	938 SKLAR DR. WEST		4.2 NAME		
STREET ADDRESS	VENICE FL		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE VD	WHOLEY, LEONARD	<input type="checkbox"/> DELETE	5.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 GOLF VIEW DR		5.2 NAME	<b>Wholey, LEONARD</b>	
STREET ADDRESS	ENGLEWOOD FL 34223		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE D	BOOTH, JOHN S	<input type="checkbox"/> DELETE	6.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	127 INLETS BLVD		6.2 NAME	<b>BIGELOW, Robert</b>	
STREET ADDRESS	NOKOMIS FL 34275		6.3 STREET ADDRESS	<b>16 St. Croix Way</b>	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<b>Englewood, FL 34223</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, with all other like empowered.

SIGNATURE: LEONARD WHOLEY DATE: 3/30/99 (941) 493-0016

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CR2E037 (11/98)

SOUTHWEST FLORIDA CENTER FOR THE HANDICAPPED, INC.

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28683090067.24

D  
Briggs, Doris  
2750 Abbotsford Street  
North Port, FL 34287

D  
Alan Carter  
AAA Auto Club, South  
2100 Tamiami Trail South  
Venice, FL 34293

D  
Josephine Dittmann  
3025 Pan American Blvd.  
North Port, FL 34287

SD  
Ann Hinds  
150 Southampton Place South  
Venice, FL 34293

D  
Ralph Hull  
964 Gondola Drive E.  
Venice, FL 34293

D  
Dr. Thomas Meaney  
9 Dominica Drive  
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D  
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Klingbeil & Roberts, P.A.  
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Darby South  
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