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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:16

DOCUMENT # N22378 (6)

1. Corporation Name

SOUTHWEST FLORIDA BUSINESS AND HEALTHCARE COALIT ION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3704 BROADWAY #313 FT. MYERS FL 33901	3704 BROADWAY #313 FT. MYERS FL 33901

3. Date Incorporated or Qualified: 08/13/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0039121 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONNALLY, GERALD E
3704 BROADWAY UNIT 313
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: Susan J. D'attilio
82 Street Address (P.O. Box Number is Not Acceptable): 737 Wiggins Lake Dr. #101
83
84 City: Naples FL 85 Zip Code: 33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Susan J. D'attilio — 4-10-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	O ☐ Change ☐ Addition
NAME	LEN, MYERS	12 NAME	Jo-ann Bradley Walker King Blvd
STREET ADDRESS	PO BOX 194	13 STREET ADDRESS	2442 Dr. Martin Luther King Blvd
CITY-ST-ZIP	CAPTIVA, ISLAND, FL.	14 CITY-ST-ZIP	Ft. Myers, Fl. 33901
TITLE	TD	21 TITLE	TD ☐ Change ☐ Addition
NAME	STONE, DENNIS C	22 NAME	Gareth K. Hudson
STREET ADDRESS	BOX 061449	23 STREET ADDRESS	Box 2217
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	Ft. Myers, Fl 33902
TITLE	SD	31 TITLE	SD ☐ Change ☐ Addition
NAME	CONNALLY, GERALD E.	32 NAME	Susan J. D'attilio
STREET ADDRESS	UNIT 313 3704 BROADWAY	33 STREET ADDRESS	737 Wiggins Lake Dr. #101
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	Naples, Fl 33963-1007
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(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: Susan J. D'attilio — 4-10-95 — (813) 332-7623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044019