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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 FEB 27 PM 3:17

DOCUMENT # N41961 (6)

1. Corporation Name
CHILDREN'S CHARITIES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
% WILLIAM E STOCKMAN PO BOX 1460 FT MYERS FL 33902	2139 DEL PRADO BLVD. SUITE B CAPE CORAL FL 33990-4666 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2139 Del Prado Blvd. Suite, Apt. #, etc. 22 Suite B City & State 23 Cape Coral, FL Zip 24 33990 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
3. Date Incorporated or Qualified: 02/06/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0245092	☐ 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
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	10. Name and Address of New Registered Agent
STOCKMAN, WILLIAM E. % ALLEN KNUDSEN DEBOEST EDWARDS & ROBERTS 1415 HENDRY ST FT MYERS FL 33902	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FREDERIC, FREDERIC J	12 NAME	
STREET ADDRESS	1222 CAPE CORAL PKWY	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	1st Vice President,D ☒ Change ☐ Addition
NAME	RODGERS, MARK	22 NAME	Lou Pontius
STREET ADDRESS	1711 S.W. 43RD ST.	23 STREET ADDRESS	16742 Panther Paw Court
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	Fort Myers, Florida 33908
TITLE	SD	31 TITLE	Secretary,D ☒ Change ☐ Addition
NAME	NEUBERT, KAREN T.	32 NAME	Barbara A. Fewster
STREET ADDRESS	2975 MCGREGOR BLVD	33 STREET ADDRESS	McBLT Ventures, Inc.
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	12155 Metro Pkwy, Suite 25A Fort Myers, Florida 33912
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	O'REILLY, TOM	42 NAME	
STREET ADDRESS	1023 5TH AVE N	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	2nd Vice President,D ☐ Change ☒ Addition
NAME		52 NAME	Frank Rafter
STREET ADDRESS		53 STREET ADDRESS	423 West Avenue
CITY-ST-ZIP		54 CITY-ST-ZIP	Naples, Florida 33963
TITLE		61 TITLE	Parliamentarian,D ☐ Change ☒ Addition
NAME		62 NAME	Al Winchell
STREET ADDRESS		63 STREET ADDRESS	1519 Reynard Drive
CITY-ST-ZIP		64 CITY-ST-ZIP	Fort Myers, Florida 33919

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: [signature] PRESIDENT 01/20/95 813-772-7800
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Thomas F. O'Reilly

0061INT