FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 06 1998 8:00am
Secretary of State

DOCUMENT # **N48083** **(2)**

1. Corporation Name

QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2121 W. FIRST ST. 4 FT MYERS FL 33901 US	PO BOX 1255 FT MYERS FL 33902

3. Date Incorporated or Qualified: 03/27/1992

4. FEI Number: 65-0321309 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3210 Dr. Martin Luther	26
22 Suite, Apt. #, etc. King, Jr. Blvd.	27 Suite, Apt. #, etc.
23 City & State: Fort Myers, FL	28 City & State
24 Zip: 33916 — 25 Country: U.S.A.	29 Zip — 30 Country

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. 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

EBELINI, MARK A ESQ
HUMPHREY & KNOTT, P.A.
1625 HENDRY ST., STE. 301
FT MYERS FL 33901

10. Name and Address of New Registered Agent

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GOETHIE, LARRY	
STREET ADDRESS	2837 LINCOLN BLVD	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	D	☐ DELETE
NAME	MUHAMMAD, ABDUL'HAQ	
STREET ADDRESS	2253 CENTRAL AVE.	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	☐ DELETE
NAME	JENKINS, RON	
STREET ADDRESS	P.O. BOX 661 (ST. ADDRESS NA)	
CITY-ST-ZIP	LEHIGH ACRES FL 33970	
TITLE	D	☐ DELETE
NAME	KIMBLE, LODOVIC	
STREET ADDRESS	2234 STELLA ST.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	☐ DELETE
NAME	WILLIAMS, PERDE	
STREET ADDRESS	2732 MICHIGAN AVE	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	D	☐ DELETE
NAME	PITTS, LEE	
STREET ADDRESS	P.O. BOX 2662 N/A	
CITY-ST-ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D,C	☐ Change ☒ Addition
1.2 NAME	Mark A. Ebelini	
1.3 STREET ADDRESS	c/o Humphrey & Knott, P.A.	
1.4 CITY-ST-ZIP	1625 Hendry St. Ft Myers, FL 33901	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	P.O. 1255 N/A	
2.4 CITY-ST-ZIP	Fort Myers, FL 33902	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	4641-15 Lakeside Club, Blvd.	
3.4 CITY-ST-ZIP	Fort Muers, FL 33905	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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; 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 REQUIRED — Mark A. Ebelini, Chairman — 1/20/98 — (941) 334-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DOR — Date — Daytime Phone #

CR2E037 (10/97)