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

03-02-1999 90168 012 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N48083**

1. Corporation Name

**QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

Mailing Address

3210 DR MARTIN LUTHER KING JR BLVD  
 FT MYERS FL 33916  
 US

PO BOX 1255  
 FT MYERS FL 33902

149975-90168-12



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**03/27/1992**

22 City & State

27 City & State

4. FEI Number

Applied For

**65-0321309**

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
 NAME **GOETHIE, LARRY**  
 STREET ADDRESS **2837 LINCOLN BLVD**  
 CITY-ST-ZIP **FT MYERS FL 33916**

1.1 TITLE **D**  Change  Addition  
 1.2 NAME **Walter Weck**  
 1.3 STREET ADDRESS **6043 Delldo Court**  
 1.4 CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE **D**  DELETE  
 NAME **MUHAMMAD, ABDUL'HAQ**  
 STREET ADDRESS **P.O. BOX 1255 N/A**  
 CITY-ST-ZIP **FT MYERS FL 33902**

2.1 TITLE **D**  Change  Addition  
 2.2 NAME **Helen Fuller**  
 2.3 STREET ADDRESS **1828 S. Markley Court**  
 2.4 CITY-ST-ZIP **Fort Myers, FL 33916**

TITLE **D**  DELETE  
 NAME **JENKINS, RON**  
 STREET ADDRESS **4641-15 LAKESIDE CLUB BLVD**  
 CITY-ST-ZIP **FT MYERS FL 33905**

3.1 TITLE **D**  Change  Addition  
 3.2 NAME **Charles Saunders**  
 3.3 STREET ADDRESS **1229 El Dorado Parkway, SE**  
 3.4 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **D**  DELETE  
 NAME **KIMBLE, LODOVIC**  
 STREET ADDRESS **2234 STELLA ST.**  
 CITY-ST-ZIP **FT. MYERS FL**

4.1 TITLE **D**  Change  Addition  
 4.2 NAME **G, Yvonne Powe**  
 4.3 STREET ADDRESS **1408 S.E. 5th Place**  
 4.4 CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE **D**  DELETE  
 NAME **WILLIAMS, PERDE**  
 STREET ADDRESS **2732 MICHIGAN AVE**  
 CITY-ST-ZIP **FORT MYERS FL 33916**

5.1 TITLE **D**  Change  Addition  
 5.2 NAME **Johnny Streets**  
 5.3 STREET ADDRESS **c/o Fort Myers Police Department**  
 5.4 CITY-ST-ZIP **2162 Ben Street Fort Myers, FL 33918**

TITLE **D**  DELETE  
 NAME **PITTS, LEE**  
 STREET ADDRESS **P.O. BOX 2662 N/A**  
 CITY-ST-ZIP **FT MYERS FL**

6.1 TITLE **D**  Change  Addition  
 6.2 NAME **Beverly Bryson**  
 6.3 STREET ADDRESS **1960 Valasco Street 5-3**  
 6.4 CITY-ST-ZIP **Fort Myers, FL 33916**

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:

*Mark A. Ebelini*  
**Mark A. Ebelini**

Date

**2/2/99** (941) 334-2722  
 Daytime Phone #

CR2E037 (1/198)

149975-90168-12  
N48083

Quality Life Center of Southwest Florida, Inc. Annual Report

Block 13 - Additional Officers and Directors

7.1	Title	C,D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
7.2	Name	Mark A. Ebelini	
7.3	Street Address	c/o Humphrey & Knott, P.A. 1625 Hendry Street, Suite 301	
7.4	City-ST-Zip	Fort Myers, FL 33901	
8.1	Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
8.2	Name	Rev. Alex Fletcher	
8.3	Street Address	c/o Unity Christian Church 2709 Highland Avenue	
8.4	City-ST-Zip	Fort Myers, FL 33916	