

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000004642 (4)**

1. Corporation Name

S.W. FLORIDA ASSOCIATION FOR HEALTH AND SOCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 277
CAPE CORAL FL 33910

P.O. BOX 277
CAPE CORAL FL 33910

3. Date Incorporated or Qualified
09/20/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0533874

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

**SLAMPAK, SHIRLEY
2776 CLEVELAND AVE.
FT. MYERS FL 33901-5864**

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 ☐ DELETE

NAME
**V
MILLER, TOM
2369 DOVER AVE
FT. MYERS FL**

TITLE ☐ DELETE

NAME
**VD
DOVER, LINDA
36 BARKLEY CIRCLE
FT. MYERS FL**

TITLE ☒ DELETE

NAME
**S
YAIN, DIANE V
2503 DEL PRADO BLVD
CAPE CORAL FL**

TITLE ☐ DELETE

NAME
**TD
SLAMPAK, SHIRLEY
2776 CLEVELAND AVE
FT. MYERS FL**

TITLE ☒ DELETE

NAME
**PD
ROOD, JANICE
7205 CYPRESS DRIVE
FT. MYERS FL 33907**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

**S/D
BOB TUFFY
6226A PRESIDENTIAL COURT
FT. MYERS, FL. 33919**

**P/D
BECKY VAN PELT
3625 MEADOW BROOK DRIVE
FT. MYERS, FL. 33901**

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)(k), 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: **Shirley Slampak - SHIRLEY SLAMPAK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

941-332-4440

Daytime Phone #

CR2E037 (12/95)