

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90039 024 ****61.25

DOCUMENT # N94000004642

1. Corporation Name

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

Principal Place of Business

P.O. BOX 277
CAPE CORAL FL 33910

Mailing Address

P.O. BOX 277
CAPE CORAL FL 33910



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/20/1994

4. FEI Number

65-0533874

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

9. Name and Address of Current Registered Agent

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

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 V ☐ DELETE

NAME MILLER, TOM
STREET ADDRESS 2369 DOVER AVE
CITY-ST-ZIP FT. MYERS FL

TITLE VD ☐ DELETE

NAME DOVER, LINDA
STREET ADDRESS 36 BARKLEY CIRCLE
CITY-ST-ZIP FT. MYERS FL

TITLE SD ☐ DELETE

NAME MITCHELL, JULIA
STREET ADDRESS 9981 HEALTH PARK CR
CITY-ST-ZIP FT. MYERS FL

TITLE TD ☐ DELETE

NAME SLAMPAK, SHIRLEY
STREET ADDRESS 2776 CLEVELAND AVE
CITY-ST-ZIP FT. MYERS FL

TITLE PD ☐ DELETE

NAME TUFFY, BOB
STREET ADDRESS 6226-A PRESENTIAL COURT
CITY-ST-ZIP FT. MYERS FL

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

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 included, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Slampak

4-6-99

914-332-6440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)