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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N01599 (2)
1. Corporation Name

SOUTHWEST FLORIDA CHILDREN'S FUND, INC.



Principal Place of Business: 3900 BROADWAY BLDG. B STE. 1 FT. MYERS FL 33901 US
Mailing Address: 3900 BROADWAY BLDG. B STE. 1 FT. MYERS FL 33901-6111 US

3. Date Incorporated or Qualified: 02/22/1984
3a. Date of Last Report: 07/30/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 65-0007620
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

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

TURNER, JILL
3900 BROADWAY
BLDG. B STE. 1
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D DELETE
NAME	SEITZ, THOMAS L. MD
STREET ADDRESS	655 ASTARIAS CIRCLE
CITY-ST-ZIP	FT.MYERS FL
TITLE	RD <input type="checkbox"/> DELETE
NAME	BARTLETT, JOHN W. MD
STREET ADDRESS	5774 BEECHWOOD TRAIL
CITY-ST-ZIP	FT.MYERS FL
TITLE	SK D <input type="checkbox"/> DELETE
NAME	RITROSKY, JOHN JR, MD
STREET ADDRESS	5809 SONNEN COURT
CITY-ST-ZIP	FT.MYERS FL
TITLE	D DELETE
NAME	MON, MANUEL J. MD,PHD
STREET ADDRESS	9350 CAMELOT DRIVE
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GUTTERY, E.G., III MD
STREET ADDRESS	1353 SHADOW LANE
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)