

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

| | | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **703471** (3)

1. Corporation Name

SOUTHWEST FLORIDA CENTER FOR THE HANDICAPPED, IN C.

Principal Place of Business

Mailing Address

**4002 S TAMiami TRAIL
VENICE FL 34293**

**4002 S TAMiami TRAIL
VENICE FL 34293**

3. Date Incorporated or Qualified

01/19/1962

4. FEI Number

59-1011392

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANDER WULP, SHARON S.
227 NOKOMIS AVENUE SOUT
VENICE FL 34285**

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 **VANDER WULP, SHARON S.**
STREET ADDRESS **227 NOKOMIS AVENUE SOUTH**
CITY-ST-ZIP **VENICE FL**

1.1 TITLE **SD** ☒ Change ☐ Addition

1.2 NAME **Vander Wulp, Sharon S.**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

NAME **SHULTZ, JACK**
STREET ADDRESS **2180 TAMiami TRAIL SOUTH**
CITY-ST-ZIP **VENICE FL**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME **SHULTZ, JACK**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

NAME **HOUGH, KAREN J**
STREET ADDRESS **200 S NOKOMIS AVENUE**
CITY-ST-ZIP **VENICE FL**

3.1 TITLE **TD** ☒ Change ☐ Addition

3.2 NAME **Hough, Karen J.**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE

NAME **KING, TED**
STREET ADDRESS **938 SKLAR DR. WEST**
CITY-ST-ZIP **VENICE FL**

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **KING, TED**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **CARTER, ALAN**
STREET ADDRESS **2100 TAMiami TRAIL SO.**
CITY-ST-ZIP **VENICE FL**

5.1 TITLE **VD** ☐ Change ☒ Addition

5.2 NAME **WHOLEY, LEONARD**

5.3 STREET ADDRESS **27 GOLF VIEW DRIVE**

5.4 CITY-ST-ZIP **Englewood, FL 34223**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Booth, John S.**

6.3 STREET ADDRESS **127 Inlets Blvd.**

6.4 CITY-ST-ZIP **Nokomis, FL 34275**

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.

SIGNATURE:

2/24/98

CR2E037 (1097)