1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90064 012 ****61.25

DOCUMENT # N01599

SOUTHWEST FLORIDA CHILDREN'S FUND, INC.															
300	THINCOL LEC	ONION OFFICER	0 1 01	1 0, 11 1 0.											
Principal Place of Business Mailing Address															
3900 BRO BLDG. B	OADWAY	00 Broadway .Dg. B Ste. 1 f. Myers FL 33901 S	G. B STE. 1												
Principal Place of Business 2a. Mailing Address									3.	Date Incorporated	or Qualifed				-
21				26					(02/22/1984	1				
Suite, Apt. #, etc.				Suite, Apt. #, etc.						FEI Number				Apr	lied For
22				27						65-0007620				Not	Applicable
City & State				City & State					5	Certifcate of Statu	: Desired		•		dditional
23				28					J	Certificate of Status	Desired		F	ee Rec	quired
Žip	ip Country Zip				Country				6.	Election Campaigr	Financing	, _			May Be
24		25 29 30							Trust Fund Contribution Adde						Fees
	9. Name	and Address of Curre	ent Regis	tered Agent		-			10.	Name and Addre	ss of New	Registered A	<u> igent</u>		
						81	Name								
TURNER, JILL						82	Street	Addres	s (P.	O. Box Number is	Not Accep	table)			
3900 BROADWAY															
BLDG. B STE. 1						83									
FT. MYERS FL 33901						84	City						85	Zip C	ode
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes							•					FL			
\ offic	o or registered as	sions of Sections 617.05 jent, or both, in the Stat ith, and accept the oblig	ant Hinni	da. Such change was	s authoriz	rea by i	-named the corp	corpora oration	ation 's boa	submits this state ard of directors. I f	ment for th ereby aco	e purpose of e ept the appoin	;hangi itment	ing its i i as reg	registered jistered
SIGNATURE Signature, typed or opposed page of registered agent and title if applicable. (NOTE: Register							eionatura e	required w	then re	instating)		DATE			/
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.								equired #		DDITIONS/CHAN	SES TO O		D DIR	ECTO	RS IN 12
TITLE	ED	0177021107		☐ DELETE	1.1	TITLE		Dire			••		Cr	nange	X Addition
NAME	TURNER,	JILL			1.3	NAME		Don	na	Gailey Broadwa		7)			
STREET AD		RNINGSIDE DRIVE			1.3	STREET	ADDRESS								
CITY-ST-ZI	ET MYED				1.4	CITY-ST	-ZIP	Fort	t n	hyers, Floa	upa	33901			
TITLE	D	<u> </u>		☐ DELETE	2.	1 TITLE				ter			Ct	nange	Addition
NAME	1 -	T, JOHN W. MD		•	2.2	NAME		15a	nd	lra Glover	-	- · ·.			
STREET AD		CHWOOD TRAIL			2:	STREET	ADDRESS	39	00	Broadw	ay, 51	e B-1			
CITY-ST-ZI	ET ANCED				2.	4 CITY-S	T-20P			nyers, FL					
TITLE	D			☐ DELETE	3.	1 TITLE				tor			CI	hange	Addition
NAME	RITROSK	Y, JOHN JR, MD			3.3	2 NAME				Gregory					
STREET AD		NNEN COURT			3.3	STREET	ADDRESS	390	00	Brandua	u. Ste.	.B-1			
CITY-ST-Z	ET MACO				3.4	4. CITY-S	T-ZIP	For	+1	myers, FL	3390	1			
TITLE	n n			☐ DELETE		1 TITLE		1	ro	ator				hange	X Addition

3900 Broadway, SteB-1 Eart Miers, FL 33901 ST-ZIP Fort MyCrs, FL 3390 | 64 CITY-ST-ZIP Fort MyCrs, FL 3390 |

1 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 comporation 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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Linda Jones

Director

Director

3900 Broadway, Ste. B-1

Fort Myers, FL 33901

3900 Broadway, SteB-1

Fort Myers, FL 33901

Liz Paul 3900 Broadway, Ste B-1

angelique Negin

SIGNATURE: 1

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MON, MANUEL J. MD,PHD

9350 CAMELOT DRIVE

GUTTERY, E.G., III MD

1353 SHADOW LANE

Diann Seals

FT. MYERS FL

FT. MYERS FL

Director

□ DELETE

CHUELER

addition

Change

☐ Change

Addition

☐ Addition