

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48083

Entity Name: QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**3210 DR MARTIN LUTHER KING JR BLVD
FT MYERS, FL 33916**Current Mailing Address:**P.O. DRAWER 1290
FORT MYERS, FL 33902**FEI Number:** 65-0321309**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EBELINI, MARK
1625 HENDRY STREET
3RD FLOOR
FT MYERS, FL 33901 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARK EBELINI

02/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MOES, JEFFREY
Address P.O. DRAWER 1290
City-State-Zip: FORT MYERS FL 33902

Title CHAIRPERSON
Name COLLINS, MARIE
Address P.O. DRAWER 1290
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name RUSSELL, STEPHEN
Address P.O. DRAWER 1290
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name HORTON, J. WEBB
Address P.O. DRAWER 1290
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name SMALLS, SYLVESTER
Address P.O. DRAWER 1290
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name NASWORTHY, SUSAN
Address P.O. DRAWER 1290
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name HAYDEN, TOM
Address P.O. DRAWER 1290
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name WIEBEL, JANIS
Address P.O. DRAWER 1290
City-State-Zip: FORT MYERS FL 33902

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY B. MOES

TREASURER

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SPEARS, DIANE
Address P.O. DRAWER 1290
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name BUNTZMAN, AROL
Address P.O. DRAWER 1290
City-State-Zip: FORT MYERS FL 33902