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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711056** (2)

1. Corporation Name

VISITING NURSES ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**4210 METRO PKWY
STE 115
FT MYERS FL 33916
US**

**4210 METRO PKWY
STE 115
FT MYERS FL 33916-9409
US**



3. Date Incorporated or Qualified
06/16/1966

3a. Date of Last Report
04/26/1996

4. FEI Number
59-6175593

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

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

**VANN, ANNA L
4210 METRO PARKWAY
STE 115
FT MYERS FL 33916**

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 **WICHTERMAN, GEORGE**
STREET ADDRESS **15191 HOMESTEAD RD**
CITY-ST-ZIP **LEHIGH ACRES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **LAWRENCE, JOSEPH W**
STREET ADDRESS **1420 PASSIAC AVE**
CITY-ST-ZIP **FT MYERS, FL 0**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **DS**
2.3 STREET ADDRESS **FALLERT, HELEN**
2.4 CITY-ST-ZIP **5099 FAIRFIELD DR**
FT MYERS, FL 33919

TITLE **CD** ☐ DELETE
NAME **ELLIS, MICHAEL W**
STREET ADDRESS **2348 SYCAMORE STREET**
CITY-ST-ZIP **ST. JAMES CITY FL 33959**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE
NAME **LINCOLN, MARJE**
STREET ADDRESS **15565 S TAMiami TR**
CITY-ST-ZIP **FT MYERS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ISLEY, JOSEPH K JR**
STREET ADDRESS **11550 MCGREGOR BLVD.**
CITY-ST-ZIP **FT MYERS FL 33919**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **FOWLER, BESSIE C.**
STREET ADDRESS **1828 MONTE VISTA**
CITY-ST-ZIP **FT MYERS FL**

6.1 TITLE ☐ Change ☐ 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.

(941)

CR2E037 (9/96)