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May 28 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 # **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 US

3. Date Incorporated or Qualified: **06/16/1966**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WICHTERMAN, GEORGE		1.2 NAME		
STREET ADDRESS	15191 HOMESTEAD RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FALLERT HELEN		2.2 NAME		
STREET ADDRESS	5099 FAIRFIELD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 0		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELLIS, MICHAEL W		3.2 NAME		
STREET ADDRESS	2348 SYCAMORE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. JAMES CITY FL 33959		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LINCOLN, MARJE		4.2 NAME		
STREET ADDRESS	15565 S TAMIAMI TR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ISLEY, JOSEPH K JR		5.2 NAME		
STREET ADDRESS	11550 MCGREGOR BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		5.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FOWLER, BESSIE C.		6.2 NAME		
STREET ADDRESS	1828 MONTE VISTA		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Bessie C. Fowler **May 22, 1998** Bessie C. Fowler 941-278-4848