



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90056 020 ****61.25

DOCUMENT # 739018					
1. Entity Name FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 2256 HEITHAN ST. FORT MYERS, FL 33901			Mailing Address 2256 HEITHAN ST. P.O. BOX 1357 FORT MYERS, FL 33901		
2. Principal Place of Business 2256 Heitman St Suite, Apt. #, etc.		3. Mailing Address 2256 Heitman St Suite, Apt. #, etc.			
City & State Ft. Myers FL.		City & State Ft. Myers FL.		4. FEI Number 59-1741273	
Zip 33901		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMRIC, LALAI S. 2256 HEITHAN ST. FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOUNSBERRY, GARY 1538 REYNARD DRIVE FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DOLEY, SHIRLEY PO BOX 899 LEHIGH, FL 33973	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Thompson Sharon 1470 Royal Palm Sq. Blvd Ft Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, KEN 1150 LEE BLVD., SUITE 1A LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUNSBERRY, GARY 1538 REYNARD DRIVE FT. MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cole, Lee 741 Bentley St. Lehigh Acres, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRITTS, JOHN 2201 SECOND STREET FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peck, Judy 2162 Maravilla Lane Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martinez, Zola Ave. 1655 S. Marsh Ave. Ft. Myers, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gary Lounsberry</u> GARY LOUNSBERRY, Chairman 4/28/04 239-278-3600					

Attachment - 739018

Revised 8-21-03

24056531

Starker, Marilyn Myers
(RN)

Work Address

Port Charlotte VA Clinic
2885 Tamiami Trail
Pt. Charlotte, FL
941/235-2710 x 6700 or 6702- work
941/235-2712 - Fax

Home Address

4351 So. Chamberlain Blvd.
Northport, FL 34286
941/426-4334 - home
Birthday: August 4, 1947
Email: vegedoll@aol.com

Gray, Pastor Jonathan
(Pastor of Cornerstone Ministries)

Work

3220 Dr. Martin Luther King Jr. Blvd.
P. O. Box 2487
Fort Myers, FL 33902
337-4140 - work
337-7054 - fax
671-2961 - cell
Birthday: April 7
E-mail: pastorjgray@aol.com

Gann, Jan
Director / Federal Projects
Hendry County School Board

Home: 863-675-2747

Work

P.O. Box 116
LaBelle, FL 33975
(863) 674-4108 - work (Monday, Wednesday, Friday)
(863) 674-4109 - fax
475 East Osceola
Clewiston, FL 33440
(863) 983-1508 - work (Tuesday & Thursday)
(863) 983-1509 fax
Birthday: October 4, 1949
E-mail: Gann_J01@firm.edu

Watts, Annie
Homemaker

Home

1908 Wright Street
Fort Myers, FL 33916
(239) 332-1216

Monroy, Carmen
Lee Tran

Work

277-5012 Ext. 2232

Home

5321 Bayshore Ave.
Cape Coral, FL 33904
(239) 945-5537
Birthday: April 23, 1962
Email: carmenmonroy@msn.com

R. Lee Golden
Florida Gulf Bank

Work

2247 First Street
Ft. Myers, FL 33901
(239) 332-3527
(239) 226-4277 Fax

Home

1348 Alhambra Dr.
Ft. Myers, FL 33901
(239) 332-0479
Birthday: December 31
Email: Lee.Golden@Floridagulfbank.com