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FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750077 (0)

1. Corporation Name

SOUTHWEST FLORIDA ADDICTION SERVICES, INC.

Principal Place of Business

2101 MCGREGOR BLVD.
FT. MYERS FL 33901

Mailing Address

2101 MCGREGOR BLVD.
FT. MYERS FL 33901-34113. Date Incorporated or Qualified
12/06/19793a. Date of Last Report
02/26/1996

4. FEI Number

59-1965829

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, LARRY
2210 PECK ST.
FT. MYERS FL 33901

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 MUDGETT, M
STREET ADDRESS 1308 ALHAMBRA DR.
CITY-ST-ZIP FORT MYERS, FL 000001.1 TITLE D ☒ Change ☐ Addition
1.2 NAME MUDGETT, M
1.3 STREET ADDRESS 1308 ALHAMBRA DRIVE
1.4 CITY-ST-ZIP FORT MYERS, FL 33902TITLE VP ☐ DELETE
NAME ALDERMAN, FRANK
STREET ADDRESS 1630 HEITMAN ST.
CITY-ST-ZIP FT MYERS, FL 000002.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME ALDERMAN, FRANK
2.3 STREET ADDRESS 1533 HENDRY ST., SUITE 200
2.4 CITY-ST-ZIP FORT MYERS, FL 33902TITLE P ☐ DELETE
NAME HART, LARRY
STREET ADDRESS 2210 PECK ST
CITY-ST-ZIP FT MYERS, FL 000003.1 TITLE P ☒ Change ☐ Addition
3.2 NAME HART, LARRY
3.3 STREET ADDRESS 2210 PECK STREET
3.4 CITY-ST-ZIP FORT MYERS, FL 33901TITLE S ☐ DELETE
NAME HAGAN, CHALES
STREET ADDRESS 15664 BROMELAID RD.
CITY-ST-ZIP BOKEELIA FL 339224.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T ☒ DELETE
NAME STROMSKY, DIANA
STREET ADDRESS 2719 S.E. 23RD AVE.
CITY-ST-ZIP CAPE CORAL FL 339045.1 TITLE T ☐ Change ☒ Addition
5.2 NAME GEOFF ROEPSTORFF
5.3 STREET ADDRESS 4575 VIA ROYALE, SUITE 108
5.4 CITY-ST-ZIP FORT MYERS, FL 33919TITLE D ☐ DELETE
NAME PYLE, HOMER
STREET ADDRESS 846 XAVIER AVE
CITY-ST-ZIP FT MYERS FL6.1 TITLE D ☐ Change ☐ Addition
6.2 NAME PYLE, HOMER
6.3 STREET ADDRESS 846 XAVIER NORTH
6.4 CITY-ST-ZIP FT MYERS, FL 33907

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY HART 2/13/97 941-334-4155

CR2E037 (9/96)