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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90085 020 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 750077**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/06/1979

4. FEI Number

59-1965829

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

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
 NAME GIBBS, ARNOLD  
 STREET ADDRESS P. O. BOX 150027 N/A  
 CITY-ST-ZIP CAPE CORAL FL 33915

TITLE D ☒ DELETE  
 NAME ALDERMAN, FRANK  
 STREET ADDRESS 1533 HENDRY ST., SUITE 200  
 CITY-ST-ZIP FT MYERS, FL 00000

TITLE P ☐ DELETE  
 NAME HART, LARRY  
 STREET ADDRESS 2210 PECK ST  
 CITY-ST-ZIP FT MYERS, FL 00000

TITLE S ☐ DELETE  
 NAME HAGAN, CHALES  
 STREET ADDRESS 15664 BROMELAI RD.  
 CITY-ST-ZIP BOKEELIA FL 33922

TITLE T ☐ DELETE  
 NAME ROEPSTORFF, GEOFF  
 STREET ADDRESS 4575 VIA ROYALE, SUITE 108  
 CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ DELETE  
 NAME PYLE, HOMER  
 STREET ADDRESS 846 XAVIER AVE  
 CITY-ST-ZIP FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE VP  
 1.2 NAME 1900 Monroe Street  
 1.3 STREET ADDRESS Joe D'Alessandro  
 1.4 CITY-ST-ZIP POBox 399, Ft. Myers, FL 33902

2.1 TITLE D ☐ Change ☒ Addition  
 2.2 NAME Mark Engledow  
 2.3 STREET ADDRESS 12065 Metro Pway, F. Myers 33912  
 2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition  
 3.2 NAME Geraghty, Dena  
 3.3 STREET ADDRESS 1320 Alcazar Ave. F. Myers, 33901  
 3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition  
 4.2 NAME Reyes, William  
 4.3 STREET ADDRESS 1534 Hendry St. Ft. Myers 33902  
 4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition  
 5.2 NAME Margerum, Greg  
 5.3 STREET ADDRESS 3093 Kennesaw Ave.  
 5.4 CITY-ST-ZIP Fort Myers, FL. 33916

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #