## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra P. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

]		# 75279° SELING CENTER,									
"											
Principal Place of Business Meiling Address								-		UNII OFOIF OFOFI D	HEIF OLDER TOEF
1400 GULFSHORE BLVD BLVD N. 1400 GULFSHORE BLVD B					.VD N.			Date Incorporated or Qualified			
SUITE 200			SUITE 200				06/04/1980				
NAPLES F	L 33940		NAPLES FL 33940 Us				4. FEI Number		I A	pplied For	
								59-2018778			ot Applicable
<u> </u>	oal Place of Busine	ess	2e. Mailing Address				5. Certificate of Status Desired		\$8.75	Additional	
Subs Ant # etc			25							equired	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing		\$5.00		
City & State			City & State				Trust Fund Contribution		Added to		
23			28			7. Is this nonprofit corporation a homeowners association?					
Zip	Country		Zip		Country			8. This corporation owes or has paid the current year Intangible			
24	25		29 30		<u>]                                    </u>			Personal Property Tax due June	30.	Yes 📮	<b>2</b> -No
9. Name and Address of Current Registered Agent								10. Name and Address of New Re	gistered	Agent	
				ľ	B1	Name					
WASS, FREDERICK					82	Street Address (P.O. Box Number is Not Acceptable)					
1400 GULFSHORE BLVD N. SUITE 200					83						
	LES FL 33940		1	B4	City				<del> -</del>  -	Code	
									FL	<b>-</b>   <sup>33</sup>   −	
11. Pursu	ant to the provision	ons of Sections 617.0502	2 and 617.1508, Florida State	utes, the ab	ove	e-named c	orpor	ration submits this statement for the points board of directors. I hereby accept	urpose c	of changing it	ts registered
agen	t. I am <b>fam</b> iliar with	n, and accept the obliga	ations of Section 617.0503, I	Florida Statu	iles	6.	JI GIIO	and bound of directors. Thoropy decop			100,010,00
SIGNATU		rederick	1 Mai	20/					113	1 4 2	8
12.	Signature, typed o	r printed name of registered age	agent and title if applicable (NOTE: Registered Agent signal AND DIRECTORS 13.			nt signature n	equired	d when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE EDG ANI	D DIRECTOR	96 IN 49
TITLE	D		DELETE		1.1 TITLE			ADDITIONS/OFFAIGLES TO OFFIG	LIO AII	Change	L Addition
NAME	ANDERSON, ROBERT				1.2 NAME						
STREET ADDR					1.3 STREET ADDRESS						
CITY-ST-ZIP	411-01-06-01-06-01				1.4 CiTY - ST - ZiP						
TITLE	DP		DELETE	2.1 TITLE						Change	Addition
NAME	BILYEAU, BARBARA			2.2 NA	2.2 NAME						
STREET ADDR				2.3 STR	2.3 STREET ADDRESS						
CITY-ST-ZIP		SPRINGS FL	····	2.4 CIT		T-ZIP					
TITLE	D			1	3.1 TITLE		$\mathcal{D}$			Change	Addition
NAME		ADLER, FATHER JOHN			3.2 NAME		Ta	nk Meehan	v		
STREET ADOR	,				3.3 STREET ADDRESS		237	26 20th Place S	,		
CITY-ST-ZIP		NAPLES FL DELETE			3.4. CITY-ST-ZIP 4.1 TITLE		Na	ples, FL 34/16	<u>,                                     </u>	Change	Addition
TITLE NAME	,	DAVIS, RICHARD L			4.1 HILE 4. 2 NAME					- Unango	L_ Addition
	ADDRESS 315 S. ANDREWS BLVD			4. 2 NAME 4.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	ALLINA PO PI			4.4 CITY - ST - ZIP		ſ					
TITLE	D DELETE			5.1 TITLE			·		☐ Change	Addition	
NAME	PROUD,	JOAN		5.2 NAM							
STREET ADDR		IDEMER WAY		1		ADDRESS					
CITY-ST-ZIP	1 11151 50	FL 33999		5.4 CIT				•			
TITLE	D	· <u></u>	☐ DELETE	6.1 TITE				······································		Change	Addition
NAME	FRANKE,	HELEN		6.2 NA	ΛE						
STREET ADDR	ess   450 GAL	LEON DR		6.3 STR	EET /	ADDRESS					
CITY-ST-7IP	NAPLES	FL		6.4 CIT	r-st	Γ- <i>7</i> ΙΡ					

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.

\*\*Richard L. Davis, Tirector + Treasurer\*\*

SIGNATURE:

**FILED** 

May 22 1998 8:00am

Secretary of State

## SOUTHWEST FLORIDA CHURCH COUNSELING CENTER FRED WASS - CENTER EXECUTIVE DIRECTOR

## **BOARD OF DIRECTORS - 3/98**

A . .

Barbara Bilyeau 618 97th Ave. N. Naples, FL 34108 WK 992-0901 (St. Leo) HM 597-3285

Dick Davis 315 St. Andrews Blvd. B-31 Naples, FL 34113

HM 775-0119

Helen Franke 716 Killdeer Place Naples, FL 34108 HM 592-1516

Bob Anderson 788 Park Shore Dr. Naples, FL 34103 HM 262-4988

Rev. R. James Larsen (Consulting) 9801 Bonita Beach Road SE Bonita Springs, FL. 34135-1923 HM 992-4343 (St. Mary's)

Margaret Wishart 28821 Regis Court Bonita Springs, FL 34134 HM 947-9460

Margaret Keane 525 Ketch Drive Naples, FL. 34103 HM 434-7244

Joyce Wright 1984 Clark Court S. Naples, FL. 34112 HM 793-8157 WK 436-5736

Maida Teague 3730 Fieldstone Blvd. #808 Naples, FL 34109 HM 592-6309

Frank Meehan 5326 20th Place SW Naples, FL 34116 HM 455-7805 774-0500 (St. Matthew's House)