

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01599** (2)

1. Corporation Name

SOUTHWEST FLORIDA CHILDREN'S FUND, INC.



Principal Place of Business

**1940 RICARDO AVENUE
FT. MYERS FL 33901
US**

Mailing Address

**1940 RICARDO AVENUE
FT. MYERS FL 33901
US**

3. Date Incorporated or Qualified
02/22/1984

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **3500 BROADWAY**

26 **3500 BROADWAY**

4. FEI Number

65-0007620

Applied For

Not Applicable

22 **Bldg. B Suite 1**

27 **Bldg. B Suite 1**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 **FT. MYERS**

28 **FT. MYERS**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 **33901**

29 **33901**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BARTLETT, JOHN W. M.D.
9350 CAMELOT DRIVE
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name **JILL TURNER**
82 Street Address (P.O. Box Number is Not Acceptable) **3500 BROADWAY SUITE 1**
83 **Bldg. B**
84 City **FT. MYERS** FL 85 **33901**

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 **Jill L. Turner**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SEITZ, THOMAS L. MD**
STREET ADDRESS **655 ASTARIAS CIRCLE**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **P** ☐ DELETE
NAME **BARTLETT, JOHN W. MD**
STREET ADDRESS **5774 BEECHWOOD TRAIL**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **ST** ☐ DELETE
NAME **RITROSKY, JOHN JR, MD**
STREET ADDRESS **5609 SONNEN COURT**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **D** ☐ DELETE
NAME **MON, MANUEL J. MD, PHD**
STREET ADDRESS **9350 CAMELOT DRIVE**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **D** ☐ DELETE
NAME **GUTTERY, E.G., III MD**
STREET ADDRESS **1353 SHADOW LANE**
CITY - ST - ZIP **FT. MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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4/30/96 939-2808

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