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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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 | Mailing Address |
|---|---|
| 3900 BROADWAY<br>BLDG. B STE. 1<br>FT. MYERS FL 33901<br>US | 3900 BROADWAY<br>BLDG. B STE. 1<br>FT. MYERS FL 33901-6111<br>US |

3. Date Incorporated or Qualified: 02/22/1984
3a. Date of Last Report: 07/30/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0007620 ☐ 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

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

9. Name and Address of Current Registered Agent

TURNER, JILL
3900 BROADWAY
BLDG. B STE. 1
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☑ DELETE | 1.1 TITLE | DIRECTOR | ☐ Change ☐ Addition |
| NAME | SEITZ, THOMAS L. MD | | 1.2 NAME | | |
| STREET ADDRESS | 655 ASTARIAS CIRCLE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT.MYERS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | P D | ☐ DELETE | 2.1 TITLE | DIRECTOR | ☐ Change ☐ Addition |
| NAME | BARTLETT, JOHN W. MD | | 2.2 NAME | | |
| STREET ADDRESS | 5774 BEECHWOOD TRAIL | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT.MYERS FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | ST D | ☐ DELETE | 3.1 TITLE | DIRECTOR | ☐ Change ☐ Addition |
| NAME | RITROSKY, JOHN JR, MD | | 3.2 NAME | | |
| STREET ADDRESS | 5609 SONNEN COURT | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT.MYERS FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☑ DELETE | 4.1 TITLE | DIRECTOR | ☐ Change ☐ Addition |
| NAME | MON, MANUEL J. MD,PHD | | 4.2 NAME | | |
| STREET ADDRESS | 9350 CAMELOT DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | DIRECTOR | ☐ Change ☐ Addition |
| NAME | GUTTERY, E.G., III MD | | 5.2 NAME | | |
| STREET ADDRESS | 1353 SHADOW LANE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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.

_____ 4/7