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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 BLDG. B STE. 1 FT. MYERS FL 33901 US	3900 BROADWAY BLDG. B STE. 1 FT. MYERS FL 33901 US

3. Date Incorporated or Qualified: 02/22/1984

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

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		☐ 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	D	☐ DELETE	2.1 TITLE		☐ 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	D	☐ DELETE	3.1 TITLE		☐ 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		☐ 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		☐ 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	EXECUTIVE DIRECTOR	☐ Change ☑ Addition
NAME			6.2 NAME	Jill TURNER	
STREET ADDRESS			6.3 STREET ADDRESS	1249 MORNINGSIDE DR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	FT. MYERS FL 33901	

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.

SIGNATURE _____

CR2E037 (10/97)