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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N01599**

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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

4. FEI Number: 65-0007620 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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	ED	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	TURNER, JILL		1.2 NAME	Donna Gailey	
STREET ADDRESS	1249 MORNINGSIDE DRIVE		1.3 STREET ADDRESS	3900 Broadway, Ste B-1	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FLORIDA 33901	
TITLE	D	☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	BARTLETT, JOHN W. MD		2.2 NAME	Sandra Glover	
STREET ADDRESS	5774 BEECHWOOD TRAIL		2.3 STREET ADDRESS	3900 Broadway, Ste B-1	
CITY-ST-ZIP	FT.MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	D	☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	RITROSKY, JOHN JR, MD		3.2 NAME	Linda Gregory	
STREET ADDRESS	5609 SONNEN COURT		3.3 STREET ADDRESS	3900 Broadway, Ste. B-1	
CITY-ST-ZIP	FT.MYERS FL		3.4 CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	D	☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	MON, MANUEL J. MD,PHD		4.2 NAME	Linda Jones	
STREET ADDRESS	9350 CAMELOT DRIVE		4.3 STREET ADDRESS	3900 Broadway, Ste. B-1	
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	D	☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	GUTTERY, E.G., III MD		5.2 NAME	Angelique Negin	
STREET ADDRESS	1353 SHADOW LANE		5.3 STREET ADDRESS	3900 Broadway, Ste B-1	
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	Director	~~☐ DELETE~~ Addition	6.1 TITLE	Director	☐ Change ☐ Addition
NAME	Diann Seals		6.2 NAME	Liz Paul	
STREET ADDRESS	3900 Broadway, Ste B-1		6.3 STREET ADDRESS	3900 Broadway, Ste B-1	
CITY-ST-ZIP	Fort Myers, FL 33901		6.4 CITY-ST-ZIP	Fort Myers, FL 33901	

CR2E037 (11/98)

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 REQUIRED 2/24/99 941/939-2808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #