

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001371

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** FAMILIES FIRST OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1650 MEDICAL LANE, SUITE #4A  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 150958  
CAPE CORAL, FL 33915 US

**New Mailing Address:**

**FEI Number:** 56-2371153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOPICCOLO, ANTHONY J  
1650 MEDICAL LANE SUITE #4A  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: ANTHONY, LOPICCOLO J  
Address: 113 NE 6TH AVE  
City-St-Zip: CAPE CORAL, FL 33909

Title: VP/D ( ) Delete  
Name: MEUSSNER, BARBARA  
Address: 1650 MEDICAL LANE SUITE #4A  
City-St-Zip: FORT MYERS, FL 33907

Title: S/D ( ) Delete  
Name: LOPICCOLO, KATHLEEN  
Address: 113 NE 6TH AVE  
City-St-Zip: CAPE CORAL, FL 33909

Title: T/D ( ) Delete  
Name: MEUSSNER, DAVID F  
Address: 838 SW 56TH ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: MEUSSNER, HERBERT  
Address: 1650 MEDICAL LANE SUITE #4  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: MEUSSNER, DIANE  
Address: 1650 MEDICAL LANE SUITE #4  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN LOPICCOLO

S/D

04/27/2007

Electronic Signature of Signing Officer or Director

Date