

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90021 046 ****61.25

DOCUMENT # N03000001371					
1. Entity Name FAMILIES FIRST OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 1650 MEDICAL LANE, SUITE #4A FORT MYERS, FL 33907 US			Mailing Address P.O. BOX 150958 CAPE CORAL, FL 33915 US		
2. Principal Place of Business-- No P.O. Box # 1650 Medical Lane			3. Mailing Address		
Suite, Apt. #, etc. # 2			Suite, Apt. #, etc.		
City & State Fort Myers, FL			City & State Florida		
Zip 33907		Country USA		4. FEI Number 56-2371153	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOPICCOLO, ANTHONY J. 1650 MEDICAL LANE SUITE #4A FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name: Tracey Demarest Street Address (P.O. Box Number is Not Acceptable): 433 Gleason Parkway City: Cape Coral FL Zip Code: 33914		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Tracey Demarest DATE: March 27/08					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P/D NAME ANTHONY, LOPICCOLO J STREET ADDRESS 113 NE 6TH AVE CITY-ST-ZIP CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Delete		TITLE P/D NAME DR Renee Terraos STREET ADDRESS 433 Gleason Parkway CITY-ST-ZIP Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP/D NAME MEUSSNER, BARBARA STREET ADDRESS 1650 MEDICAL LANE SUITE #4A CITY-ST-ZIP FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete		TITLE VP/D NAME Tracey Demarest STREET ADDRESS 433 Gleason Parkway CITY-ST-ZIP Cape Coral, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S/D NAME LOPICCOLO, KATHLEEN STREET ADDRESS 113 NE 6TH AVE CITY-ST-ZIP CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Delete		TITLE D NAME Dawnita Streitenberger STREET ADDRESS 15641 Sonoma Drive #107 CITY-ST-ZIP Fort Myers FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T/D NAME MEUSSNER, DAVID F STREET ADDRESS 838 SW 56TH ST CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MEUSSNER, HERBERT STREET ADDRESS 1650 MEDICAL LANE SUITE #4 CITY-ST-ZIP FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MEUSSNER, DIANE STREET ADDRESS 1650 MEDICAL LANE SUITE #4 CITY-ST-ZIP FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Tracey Demarest			Date: 3/27/08 Daytime Phone #: 239-4899		

ATTACHMENT

40255030

ARTICLES OF CORRECTION

for

FAMILIES FIRST OF SOUTHWEST FLORIDA

Name of Corporation as currently filed with the Florida Dept. of State

N03000001371

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct OFFICER/DIRECTOR/REGISTERED AGENT AND ADDRESS
(Document Type Being Corrected)

filed with the Department of State on 2/13/2003

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE II - 1650 MEDICAL LANE , FORT MYERS FL 33907

ARTICLE IV

ARTICLE VI

Correct the inaccuracy, incorrect statement, or defect:

ARTICLE II - THE PRINCIPAL PLACE OF BUSINESS IS: 1650 MEDICAL LANE SUITE 2 FORT MYERS, FL 33907

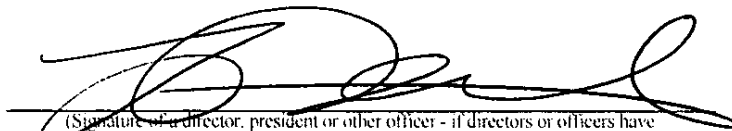
ARTICLE IV - PRESIDENT - DR. RENEE M. TERRASI

VICE PRESIDENT - TRACEY L DEMAREST

TREASURER AND SECRETARY - DAWNITA-STREITENBERGER

ARTICLE VI - THE REGISTERED AGENT IS: TRACEY L DEMAREST

THE REGISTERED AGENT'S ADDRESS IS: 433 GLEASON PARKWAY CAPE CORAL, FL 33914


(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

TRACEY L. DEMAREST

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

Filing Fee: \$35.00