

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22378** (6)

1. Corporation Name

SOUTHWEST FLORIDA BUSINESS AND HEALTHCARE COALITION, INC.

Principal Place of Business

Mailing Address

**3704 BROADWAY #313
FT. MYERS FL 33901**

**3704 BROADWAY #313
FT. MYERS FL 33901**



2. Principal Place of Business

2a. Mailing Address

21 12811 Kenwood Lane

26 12811 Kenwood Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 105

27 Suite 105

City & State

City & State

23 Fort Myers, FL

28 Fort Myers, FL

Zip

Country

Zip

Country

24 33907

25 Lee

29 33907

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONNALLY, GERALD E
3704 BROADWAY UNIT 313
FT. MYERS FL 33901**

**81 Name
Mary W. Schulthess**

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Health Planning Council of Southwest Florida, Inc.

83 12811 Kenwood Lane, Suite 105

**84 City
Fort Myers**

**FL 85 Zip Code
33907**

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 **Mary W. Schulthess**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **LEN, MYERS**
STREET ADDRESS **PO BOX 194**
CITY - ST - ZIP **CAPTIVA, ISLAND, FL.**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Jo-Ann Bradley**
1.3 STREET ADDRESS **2442 Dr. Martin Luther King Jr. Blvd.**
1.4 CITY - ST - ZIP **Fort Myers, FL 33901**

TITLE **TD** ☒ DELETE
NAME **STONE, DENNIS C**
STREET ADDRESS **BOX 061449**
CITY - ST - ZIP **FT. MYERS FL**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **Gareth K. Hudson**
2.3 STREET ADDRESS **2776 Cleveland Avenue**
2.4 CITY - ST - ZIP **Fort Myers, FL 33901**

TITLE **SD** ☐ DELETE
NAME **CONNALLY, GERALD E.**
STREET ADDRESS **UNIT 313 3704 BROADWAY**
CITY - ST - ZIP **FT. MYERS FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Gerald E. Connally**
3.3 STREET ADDRESS **12734 Kenwood Lane S.W., Suite 96**
3.4 CITY - ST - ZIP **Fort Myers, FL 33907**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE **S** ☐ Change ☒ Addition
4.2 NAME **Carmen R. Whidden**
4.3 STREET ADDRESS **4980 Bayline Drive**
4.4 CITY - ST - ZIP **North Fort Myers, FL 33918**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE **T** ☐ Change ☒ Addition
5.2 NAME **Larry Vetter**
5.3 STREET ADDRESS **3805 Fowler Street**
5.4 CITY - ST - ZIP **Fort Myers, FL 33901**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Elaine Hawkins**
6.3 STREET ADDRESS **12800 University Park Drive, Suite 260**
6.4 CITY - ST - ZIP **Fort Myers, FL 33907**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Gareth K. Hudson, Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/96 (941) 336-6909

Date

Daytime Phone #

CR2E037 (3/96)

1422378

2-2

NONPROFIT CORPORATION ANNUAL REPORT - Southwest Florida Business and Health Care Coalition, Inc.

13. Continuation of Additions/Changes to Officers and Directors in 12:

Joseph Quinlan 2000 Main Street, #600 Fort Myers, FL 33901	Director
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Dr. Hugh A. Watkins 2214 Cleveland Avenue Fort Myers, FL 33901	Director
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Wendy S. Harrison 13180 N. Cleveland Avenue North Fort Myers, FL 33903	Director
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Mary Schulthess 12811 Kenwood Lane, Suite 105 Fort Myers, FL 33907	Director
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Robert Reynolds 2891 Centerpointe Drive, Suite 102 Fort Myers, FL 33916	Director
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