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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22378 (6)

1. Corporation Name

SOUTHWEST FLORIDA BUSINESS AND HEALTHCARE COALIT
ION, INC.

Principal Place of Business

Mailing Address

12811 KENWOOD LANE
SUITE 105
FT MYERS FL 33907
US12811 KENWOOD LANE
SUITE 105
FT MYERS FL 33907-5643
US3. Date Incorporated or Qualified
08/13/19873a. Date of Last Report
07/08/19964. FEI Number
65-0039121Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 9250 College Parkway

26 9250 College Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 3

27 Ste. 3

City & State

City & State

23 Ft. Myers, FL

28 Ft. Myers, FL

24 33919 25 US

29 33919 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTHESS, MARY W
12811 KENWOOD LAND SUITE 105
FT MYERS FL 33907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BRADLEY, JO-ANN
STREET ADDRESS 2442 DR MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP FT MYERS FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE V ☐ DELETE
NAME HUDSON, GARETH
STREET ADDRESS 2776 CLEVELAND AVE
CITY-ST-ZIP FT MYERS FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CONNALLY, GERALD E.
STREET ADDRESS 12734 KENWOOD LAND S W SUITE 96
CITY-ST-ZIP FT MYERS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME WHIDDEN, CARMEN R
STREET ADDRESS 4980 BAYLINE DR
CITY-ST-ZIP NORTH FT MYERS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME VETTER, LARRY
STREET ADDRESS 3805 FOWLER ST
CITY-ST-ZIP FT MYERS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME HAWKINS, ELAINE
STREET ADDRESS 12800 UNIVERSITY PARK DR SUITE 260
CITY-ST-ZIP FT MYERS FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 1997

Daytime Phone # 0068210

CR2E037 (9/96)