

FILE NOW: FILING FEE IS \$61.25 ^{\$183.75}

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1994-1996

DOCUMENT # N37812

1. Corporation Name

SOUTH FLORIDA WELFARE ASS'N. INC

6296-8025

Principal Place of Business

Mailing Address

104 10th St. N.

501(CX3)

3. Date Incorporated or Qualified

4/23/90

3a. Date of Last Report

3/8/93

2. Principal Place of Business

2a. Mailing Address

21

Same

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Naples FL

24

33940

Country

Zip

Country

25

Collier

29

Zip

30

4. FEI Number

65-0134841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT BLASCOE
1090 8th Terr. N.
Naples, FL 33940

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's signature required when reinstating)

DATE

ROBERT G. BLASCOE EXEC. DIR. 4-4-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

PRES. / Dir.

☐ DELETE

NAME

JOE COX

STREET ADDRESS

3001 N. TAMiami TRAIL

CITY- ST- ZIP

Naples, FL 33940

TITLE

V.P. / Dir.

☐ DELETE

NAME

CHARLENE V. BLASCOE

STREET ADDRESS

1090 8th Terr N

CITY- ST- ZIP

Naples, FL 33940

TITLE

TREASURER / Dir.

☐ DELETE

NAME

R.T. MONGILLO

STREET ADDRESS

501 GOODLETTE RD N BLDG D

CITY- ST- ZIP

NAPLES, FL 33940

TITLE

SECRETARY / Dir.

☐ DELETE

NAME

SALLY STORTER

STREET ADDRESS

858 5th AVE S.

CITY- ST- ZIP

NAPLES, FL 33940

TITLE

Dir.

☐ DELETE

NAME

TIM WYNN

STREET ADDRESS

745 5th AVE S.

CITY- ST- ZIP

NAPLES, FL 33940

TITLE

Dir.

☐ DELETE

NAME

Robert G. Blascoe

STREET ADDRESS

1090 8th Terr N

CITY- ST- ZIP

Naples, FL 33940

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. BLASCOE

4/4/96

(941) 643-3711