

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41961** (6)
1. Corporation Name
CHILDREN'S CHARITIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**2139 DEL PRADO BLVD.
SUITE B
CAPE CORAL FL 33990
US**

Mailing Address
**2139 DEL PRADO BLVD.
SUITE B
CAPE CORAL FL 33990-4666
US**

3. Date Incorporated or Qualified
02/06/1991

3a. Date of Last Report
02/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0245092	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

**STOCKMAN, WILLIAM E.
% ALLEN KNUDSEN DEBOEST EDWARDS & ROBERTS
1415 HENDRY ST
FT MYERS FL 33902**

10. Name and Address of New Registered Agent

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERIC, FREDERIC J	1.2 NAME	DEWITT, SANDRA K
STREET ADDRESS	1222 CAPE CORAL PKWY	1.3 STREET ADDRESS	17990 SAN CARLOS BLVD.
CITY - ST - ZIP	CAPE CORAL FL	1.4 CITY - ST - ZIP	FT. MYERS BEACH, FL 33931
TITLE	VPO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PONTIUS, LOU	2.2 NAME	MICHALAK, JANINE
STREET ADDRESS	16742 PANTHER PAW COURT	2.3 STREET ADDRESS	7981 HEALTH PARK CIRCLE #450
CITY - ST - ZIP	FORT MYERS FL	2.4 CITY - ST - ZIP	FT. MYERS, FL 33908
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEWSTER, BARBARA A	3.2 NAME	
STREET ADDRESS	MCBLT VENTURES, INC. 12155 METRO PKWY 25A	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, TOM	4.2 NAME	
STREET ADDRESS	1023 5TH AVE N	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFTER, FRANK	5.2 NAME	RAFTER, FRANK
STREET ADDRESS	423 WEST AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	
TITLE	PAD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINCHELL, AL	6.2 NAME	OLSON, PETER
STREET ADDRESS	1519 BEYNAARD DRIVE	6.3 STREET ADDRESS	824 CLOFAYETTE ST.
CITY - ST - ZIP	FORT MYERS FL	6.4 CITY - ST - ZIP	CAPE CORAL, FL 33904

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:

THOMAS F O'REILLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/96 941-263-8666

CR2E037 (3/96)