

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45699 (8)

1. Corporation Name

THE ALLIED HEALTH CAREER DEVELOPMENT COALITION O
F SOUTHWEST FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

12811 KENWOOD LANE
SUITE 105
FT. MYERS FL 33907
US

2776 CLEVELAND AVENUE
FORT MYERS FL 33901-5884
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1991

3a. Date of Last Report

02/16/1994

4. FBI Number

65-0244885

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$88.75 Supplemental
Fee Not Required

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

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 9856 EVANS AVE

26 Suite, Apt. #, etc.

22 SUITE 4

27 Suite, Apt. #, etc.

23 City & State

FT. MYERS FL

28 City & State

24 Zip

33907

25 Country

US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CECIL, JON C.
2776 CLEVELAND AVE
FORT MYERS FL 33901

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 607.0502 and 607.1508, 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 607.0505, 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	DS
NAME	CECIL, JON
STREET ADDRESS	2776 CLEVELAND AVE
CITY - ST - ZIP	FT. MYERS FL
TITLE	CD
NAME	CSOTTY, STEPHEN
STREET ADDRESS	3785 EVANS AVE.
CITY - ST - ZIP	FT. MYERS FL
TITLE	V
NAME	KELLY, MARY E
STREET ADDRESS	350 7TH STR NO
CITY - ST - ZIP	NAPLES FL
TITLE	T
NAME	HARTZLER, HARVEY
STREET ADDRESS	15000 SHELL PT VILLAGE
CITY - ST - ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	DV
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	DT
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen R Cotty

SIGNATURE AND TYPED OR PRINTED NAME OF VOUCHING OFFICER OR DIRECTOR

2/20/95 813-939-8466

DATE

Telephone #