FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # N45699 (8)

Mailing Address

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

3856 EVANS AVE		2776 CLEVELAND AVENUE FORT MYERS FL 33901-5864		}	
FT. MYERS FL 33901 US				3. Date Incorporated or Qualified 10/21/1991	3a. Date of Last Report 04/08/1999
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0244885	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required
23	,	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipa	Country	Zip	Country	This corporation has liability for in	
24	25	29	30		niangibje iax under s. 199.032, Yes XXVo
9. Name and Address of Current Registered Agent			1921	10. Name and Address of New Registered Agent	
•			81 Name		•
CECIL, JON C. 82 Street Addr.				Iress (P.O. Box Number is Not Acceptab	ia)
2776 CLEVELAND AVE			01 01/01/104	Too (1.5. Dox Hamber to Hot Pacopias	- ,
FORT MYERS FL 33901					
			84 City		85 Zip Code
			1 1		FL
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		E: Registered Agent signature requ	ADDITIONS/GHANGES TO OFFIC	DATE
TITLE	OFFICERS AND	DELETE	13.	ADDITIONS/GRANGES TO OFFICE	Change Addition
NAME	CECIL, JON		1.2 NAME		Change List Admitted
STREET ADDRESS	2776 CLEVELAND AVE		1.3 STREET ADDRESS	, ,	,
1 1	FT. MYERS FL			•	
CITY-ST-ZIP	GD COTE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	GGOTTY, STEPHEN	ブニ	22 NAME		_ online
STREET ADDRESS	3785 EVANS AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS.FL		2 4 CITY-ST-7IP		
TITLE	CD	DELETE	3.1 TITLE	May Eller Ke	Change Addition
NAME	KELLY, MARY E		3.2 NAME	Mayblunder	Ly I
STREET ADDRESS	350 7TH STR NO		3.3 STREET ADDRESS	· / "	
CITY-ST-ZIP	NAPLES FL		3.4. CITY - ST - ZIP		
THLE	DT	DELETE	4.1 TITLE		Change Addition
NAME	HARTZLER, HARVEY		4. 2 NAME		
STREET ADDRESS	15000 SHELL PT-VILLAGE		4.3 STREET ADDRESS		
CITY-SI-ZIP	FT MYERS EL		4.4 CITY-ST-ZIP		
TITLE	Y	☐ DELETE	5.1 TITLE		Change Addition
NAME	ELSBERRY, JEFF		5.2 NAME		i
STREET ADDRESS	8099 COLLEGE PKY. SW		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908	DELETE	5.4 CITY-ST-ZIP		Charas
TITLE	NAV MADIODV	F-1 Dereit	6.1 TITLE		Change Addition
NAME STREET ADORESE	MAY, MARJORY 2776 CLEVELAND AVE		6.2 NAME		
STREET ADDRESS	FT. MYERS FL		6.3 STREET ADDRESS		
J4. I do heret	by certify that the information supplied	with this filing does not quali	fy for the exemption state	d in Section 119.07(3)(i). Florida Statutes	s. I further certify that the
1 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 agraph alreport is true and accurate and that my signature shall have the same legal effect as if made under oath; that					
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 eath; that 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 in changes.					